

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **499264** (0)

1. Corporation Name
LEETEL, INC.



Principal Place of Business: **800 850 FIRSTSTATE TOWER 255 S ORANGE AVE ORLANDO FL 32801**
Mailing Address: **800 850 FIRSTSTATE TOWER 255 S ORANGE AVE ORLANDO FL 32801**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/18/1976	3a. Date of Last Report 01/17/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. County	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. County	30. County	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
SMITH, W. KELLY 800 255 S. ORANGE AVE., 850 CNA TOWER ORLANDO FL 32801

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0500 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PD SMITH, W. KELLY	<input type="checkbox"/> DELETE	13.1 TITLE: Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 255 S. ORANGE AVE.		13.2 STREET ADDRESS: 255 S. Orange Avenue, Suite 800	
12.3 CITY, STATE, ZIP: ORLANDO FL S	<input type="checkbox"/> DELETE	13.3 CITY, STATE, ZIP: Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: SMITH, L.R.		13.4 TITLE: Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: 405 MELANIE WAY		13.5 STREET ADDRESS:	
12.6 CITY, STATE, ZIP: MAITLAND FL	<input type="checkbox"/> DELETE	13.6 CITY, STATE, ZIP:	
12.7 NAME:		13.7 TITLE: Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS:		13.8 STREET ADDRESS:	
12.9 CITY, STATE, ZIP:	<input type="checkbox"/> DELETE	13.9 CITY, STATE, ZIP:	
12.10 NAME:		13.10 TITLE: Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.12 CITY, STATE, ZIP:	<input type="checkbox"/> DELETE	13.12 CITY, STATE, ZIP:	
12.13 NAME:		13.13 TITLE: Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:		13.14 STREET ADDRESS:	
12.15 CITY, STATE, ZIP:		13.15 CITY, STATE, ZIP:	

14. I do hereby certify that the information regarding this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on the attached with an address.

SIGNATURE: *W. Kelly Smith* **W. Kelly Smith** President **1/18/96** **(407) 843-7300**

CR2E034 (12/95)