## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)LEADERSHIP CENTERS, U.S.A., INC. Principal Place of Business Mailing Address 7785 BAYMEADOWS WAY 7785 BAYMEADOWS WAY SUITE 304 SUITE 304 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 8286 Bayberry Koao 8286 Bau <u>59-1978264</u> Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville, Jack Sonville, Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 45A □ No 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCOTT, CHARLES R. 7785 BAYMEADOW WAY Box Number is Not **SUITE 304** JACKSONVILLE FL 32256 32256 and 607. 1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered tions of Sacrific 607.0505, Florida Statutes. Pursuant to the provisions of Sections 60X office or registered agent, or both, in the agent. I am familiar with and accept he p SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE BEEHNER, JOHN F NAME 1.2 NAME CR2E034 2913 BERNICE DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITL F 21 TITLE TUCKER, BILLIE J. NAME 2.2 NAME 11787 JOCELYN ROAD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZW 2.4 CITY-ST-ZIP CSD DELETE 3.1 TITLE Change Addition TITLE SCOTT, CHARLES R. NAME 3.2 NAME 365 KING ROAD NW STREET ADDRESS 3.3 STREET ADDRESS ATLANTA GA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 104-636-0770 4-29-98 SIGNATURE:

6.4 CITY-ST-ZIP

62 NAME 6.3 STREET ADDRESS