

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

\$ 208.75  
20000  
183.00

DOCUMENT # 694870 (7)

1. Corporation Name  
LEAP ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business  
10730 N 56TH ST. STE 218  
P. O. BOX NO. 16007  
TEMPLE TERRACE FL 33617-3611

Mailing Address  
P.O. BOX 16007  
TAMPA FL 33687-6007  
US

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>07/16/1981  | 3a. Date of Last Report<br>04/12/1995 |
| 4. FEI Number<br>59-2110024  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                    |                                       |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |                                       |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

SOUTHWORTH GEORGE L.  
10730 NO. 56TH ST.  
TEMPLE TERRACE FL 33687

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | PT                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOUTHWORTH, GEORGE L   | 1.2 NAME  |   |
| STREET ADDRESS             | 11005 THERESA ARBOR DR | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TEMPLE TERR, FL 00000  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KLOSICKI, JANICE M     | 2.2 NAME  |   |
| STREET ADDRESS             | 8001 DORADO CT.        | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TEMPLE TERRACE FL      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VP                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TRIMBATH, BRYAN R.     | 3.2 NAME  |   |
| STREET ADDRESS             | 9718 PLEASANT RUN WAY  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TAMPA FL               | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME  |   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME  |   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                        | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 an attachment with an address.

SIGNATURE: Janice M. Klosicki Janice M. Klosicki

04/10/96

813.988.6870

Date: Daytime Phone #

CR2E034 (12/95)