

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

000633

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90022 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000005742**  
 1. Corporation Name  
**LEOTTA DESIGNERS, INC.**



Principal Place of Business: 303 HARRY ST, CONSHOHOCKEN PA 19428  
 Mailing Address: PO BOX 407, CONSHOHOCKEN PA 19428

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/20/1993		23-1598152		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing		\$8.75 Additional Fee Required	
Zip		Country		Trust Fund Contribution		7. This corporation owes the current year Intangible Personal Property Tax.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent  
**LEOTTA, MARC J**  
**3941 CRAWFORD AVE.**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

81	Name	<b>LEOTTA, MARC J</b>
82	Street Address (P.O. Box Numbers Not Acceptable)	<b>150 SOUTH HIBISCUS DRIVE</b>
83		
84	City	<b>MIAMI BEACH FL</b>
85	Zip Code	<b>33139</b>

I, 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: M. Leotta DATE: 4-5-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	C	<input checked="" type="checkbox"/>
NAME	LEOTTA, SAMUEL S	
STREET ADDRESS	2464 BLIND PASS CT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	PT	<input type="checkbox"/>
NAME	LEOTTA, MARC J	
STREET ADDRESS	3941 CRAWFORD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	LEOTTA, MARY B	
STREET ADDRESS	2464 BLIND PASS CT	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE	S	<input checked="" type="checkbox"/>
NAME	KALBACH, JOHN R.	
STREET ADDRESS	3941 CRAWFORD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	P/T/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: M. Leotta DATE: 4/5/99 DAYTIME PHONE #: (305) 371 4949

SIGNATURE REQUIRED

CR2E034 (11/98)