

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:21

DOCUMENT # **H16009** (3)
1. Corporation Name
LEADER TECH, INC.

Principal Place of Business Mailing Address
14100 MCCORMICK DR. TAMPA FL 33626

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1984** 3a. Date of Last Report **04/21/1994**
4. FEI Number **04-2667972** Applied For
Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LANGE, WILLIAM A., II
550 MERAVAN DR.
PALM HARBOR FL 33563**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 registering) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | S | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGE, WILLIAM A., II | 1.2 NAME | |
| STREET ADDRESS | 550 MERAVAN DR. | 1.3 STREET ADDRESS | |
| CITY-ST- ZIP | PALM HARBOR FL | 1.4 CITY-ST- ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGE, WILLIAM A. | 2.2 NAME | |
| STREET ADDRESS | 961 CORTLAND WAY | 2.3 STREET ADDRESS | |
| CITY-ST- ZIP | PALM HARBOR FL | 2.4 CITY-ST- ZIP | |
| TITLE | VTD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FISHER, LESTER R. | 3.2 NAME | |
| STREET ADDRESS | 2403 CEDAR COURT | 3.3 STREET ADDRESS | |
| CITY-ST- ZIP | NEW PORT RICHEY 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 110.07(1)(b), 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 407, Florida Statutes; and that my name is in Block 12 or Block 13 if changed, or both attached, with an address.

SIGNATURE: *William A. Lange II*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
W.A. LANGE II
1/12/95
813-855-6921