

**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

DOCUMENT # **H16009** (3)

1. Corporation Name

**LEADER TECH, INC.**



Principal Place of Business

**14100 MCCORMICK DR.  
TAMPA FL 33626**

Mailing Address

**14100 MCCORMICK DR.  
TAMPA FL 33626**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

**08/09/1984**

3a. Date of Last Report

**01/20/1995**

4. FEI Number

**04-2667972**

Applied For

Not Applicable

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 607.0900 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 obligation of, Sections 607.0900, Florida Statutes.

SIGNATURE

*William A. Lange, II*

DATE: Reg. Sec. Agents must sign with this date

12. OFFICERS AND DIRECTORS

12.1 NAME	<b>S</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	<b>LANGE, WILLIAM A., II 550 MERAVAN DR. PALM HARBOR FL</b>	
12.3 CITY, ST, ZIP	<b>PD</b>	<input type="checkbox"/> DELETE
12.4 NAME	<b>LANGE, WILLIAM A.</b>	
12.5 STREET ADDRESS	<b>961 CORTLAND WAY PALM HARBOR FL</b>	
12.6 CITY, ST, ZIP	<b>VTD</b>	<input type="checkbox"/> DELETE
12.7 NAME	<b>FISHER, LESTER R.</b>	
12.8 STREET ADDRESS	<b>2403 CEDAR COURT NEW PORT RICHEY FL</b>	
12.9 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 treasurer or trustee or person 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 my alternate name with an address.

SIGNATURE:

*William A. Lange, II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/96** 813-855-6901  
Daytime Phone #

CR2E034 (12/95)