

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**

3. Date Incorporated or Qualified

08/09/1984

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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: Register Agent's name must be typed

12. OFFICERS AND DIRECTORS

12.1	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	DELETE
S	LANGE, WILLIAM A., II	550 MERAVAN DR.	PALM HARBOR FL		<input type="checkbox"/>
PD	LANGE, WILLIAM A.	961 CORTLAND WAY	PALM HARBOR FL		<input type="checkbox"/>
VTD	FISHER, LESTER R.	2403 CEDAR COURT	NEW PORT RICHEY FL		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

13.1	TITLE	13.2 NAME	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP	13.5 TITLE	13.6 CHANGE	13.7 ADDITION
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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 or trustee or 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

2/2/96 513-855-6701
Daytime Phone #

CR2E034 (12/95)