

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathis
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

MAY 11 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064862 (4)**

LEADER SYSTEMS, INC.

Principal Office of Corporation: **2165 GOLDENROD SARASOTA FL 34239**
Mailing Address: **P.O. BOX 15673 SARASOTA FL 34277-1673**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1993		3a. Date of Last Report: 04/22/1994	
2. Previous Name of Business: 21		4. FEI Number: 65-0434079	
2a. Mailing Address: 26		Applied For: <input type="checkbox"/> Not Applicable	
2b. Suite, Apt. #, etc.: 27		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
2c. City & State: 28		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
2d. Zip: 25		8. This Corporation has liability for entanglement tax under S. 195 USA, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2e. City & State: 29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOORE, JOHN L 1550 RINGLING BLVD. SARASOTA FL 34236				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				B5 Zip Code: FL			

11. Pursuant to the provisions of Sections 220.01(2) and 607.13(8) 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 Sections 607.01(5) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
12.1 NAME: PST REAM, L. DAVE III	12.2 STREET ADDRESS: 2165 GOLDENROD ST. SARASOTA FL	13.1 NAME: REAM, L. DALE III	13.2 STREET ADDRESS: 34239
12.3 NAME:	12.4 STREET ADDRESS:	13.3 NAME:	13.4 STREET ADDRESS:
12.5 NAME:	12.6 STREET ADDRESS:	13.5 NAME:	13.6 STREET ADDRESS:
12.7 NAME:	12.8 STREET ADDRESS:	13.7 NAME:	13.8 STREET ADDRESS:
12.9 NAME:	12.10 STREET ADDRESS:	13.9 NAME:	13.10 STREET ADDRESS:
12.11 NAME:	12.12 STREET ADDRESS:	13.11 NAME:	13.12 STREET ADDRESS:
12.13 NAME:	12.14 STREET ADDRESS:	13.13 NAME:	13.14 STREET ADDRESS:

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(2)(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 607, Florida Statutes, and that my name appears on Block 1, or Block 13 if completed, or on an attachment with an address.

SIGNATURE: **L. Dale Ream III** L. DALE REAM III 5-5-95 813-951-2406