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**Apr 15 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P93000074895 (2)

1. Corporation Name
LEONARD BROTHERS DISTRIBUTORS, INC.



Principal Place of Business
**148 S.W. 14TH STREET
POMPANO BEACH FL 33060**

Mailing Address
**148 S.W. 14TH STREET
POMPANO BEACH FL 33060-8759**

3. Date Incorporated or Qualified **10/22/1993** 3a. Date of Last Report **04/12/1996**

4. FEI Number **65-0451941** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVENUE
4TH FLOOR
WEST PALM BEACH FL 33402-3188**

10. Name and Address of New Registered Agent

81 Name **STUART MERMELSTEIN, ESQ.**

82 Street Address (P.O. Box Number is Not Acceptable)
HERMAN ROOF BERGOGNONE & MOORE

83 **100 S.E. 2nd STREET**

84 City **MIAMI** FL 85 Zip Code **33131**

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]* DATE **4-9-97**

Signature type for printed name of registered agent and title if applicable. (NONE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEONARD, PATRICK T	
STREET ADDRESS	148 SW 14TH ST.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEONARD, TIMOTHY J	
STREET ADDRESS	148 SW 14TH ST.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sherwood, Tamara L.
2.3 STREET ADDRESS	148 SW 14TH ST.
2.4 CITY-ST-ZIP	Pompano Bch. FLA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Patrick Leonard* **Patrick Leonard** DATE: **4-10-97** DAYTIME PHONE: **954-983-2433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)