FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005742 (2)**

1. Corporation Name
LEOTTA DESIGNERS, INC.

Principal Place of Business	Mailing Address
309 HARRY ST CONSHOHOCKEN PA 19428	PO BOX 407 CONSHOHOCKEN PA 19428

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified: 12/20/1993	3a. Date of Last Report: 04/25/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 23-1598152	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 / County 25	Zip 29 / County 30	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

LEOTTA, MARC J
2025 BRICKELL AVE
SUITE 1902
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name: SAME - Address Change only
82 Street Address (P.O. Box Number is Not Acceptable): 3941 CRAWFORD AVE
83
84 City: MIAMI FL 85 Zip Code: 33133

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: (SAME AS LAST YEAR) DATE: 4-3-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. MARC J. LEOTTA

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	LEOTTA, SAMUEL S	12 NAME	
STREET ADDRESS	2464 BLIND PASS CT	13 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL	14 CITY-ST-ZIP	
TITLE	PT	21 TITLE	☐ Change ☐ Addition
NAME	LEOTTA, MARC J	22 NAME	Address change only
STREET ADDRESS	4172 STREET RD	23 STREET ADDRESS	3941 CRAWFORD AVE
CITY-ST-ZIP	DOYLESTOWN PA	24 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	LEOTTA, MARY B	32 NAME	
STREET ADDRESS	2464 BLIND PASS CT	33 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	KALBACH, JOHN R.	42 NAME	Address change only
STREET ADDRESS	4172 STREET RD	43 STREET ADDRESS	2025 BRICKELL AVE
CITY-ST-ZIP	DOYLESTOWN PA	44 CITY-ST-ZIP	SUITE 1902, MIAMI, FL 33129
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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 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: John R. Kalbach 4/3/95 (305)371-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN R KALBACH - SECRETARY

6Y2844 FP