

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **305131 (5)**

1. Corporation Name
LEO-JAMES, INC.



Principal Place of Business: **2505 FLAMINGO DR. MIAMI BEACH FL 33140**
Mailing Address: **2505 FLAMINGO DR. MIAMI BEACH FL 33140**

3. Date Incorporated or Qualified: **05/16/1966**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business: **21 1228 ALTON ROAD**
22. City & State: **MIAMI BEACH FLA.**
23. Zip: **33139** Country: **USA**
24. **25 USA**

2a. Mailing Address: **26 1228 ALTON ROAD**
27. City & State: **MIAMI BEACH, FLA**
28. Zip: **33139** Country: **USA**
29. **30 USA**

4. FEI Number: **59-1166764**
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

**ABE RESNICK
2505 FLAMINGO DRIVE
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1228 ALTON RD**
83
84 City: **MIAMI BEACH** FL 85 Zip Code: **33139**

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: Type or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NTWAK, JACOBO	
STREET ADDRESS	2505 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RESNICK, ABE	
STREET ADDRESS	2505 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RESMICK, JAMES	
STREET ADDRESS	2505 FLAMINGO DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1228 ALTON RD
24 CITY-ST-ZIP	MIAMI BEACH, FLA. 33139
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	1228 ALTON RD
34 CITY-ST-ZIP	MIAMI BEACH, FLA. 33139
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **JAMES RESNICK** 2-28-96 305-6734981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)