


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

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AND
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95 APR 28 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 323190 (9)

1. Corporation Name
LEEMAX, INC.

Principal Place of Business 6947 SW 107 AVE MIAMI FL 33178 US	Mailing Address C/O TRAVEL TIME 54 S BLACKWATER LANE KEY LARGO FL 33037-2907 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 13605 S. DIXIE HWY	2a. Mailing Address 26 13605 S. DIXIE HWY
Suite, Apt. #, etc. 22 #131	Suite, Apt. #, etc. 27 Suite # 131
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33176-7252	Zip 29 33176-7252

3. Date Incorporated or Qualified 11/14/1967	3a. Date of Last Report 04/29/1994
4. FEI Number 59-1205530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TELHARD, MAX L
54 S. BLACKWATER LANE
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 agent 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: _____ (NOTE: Registered Agent Signature Required When Applicable) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD TELHARD, MICHAEL 9225 SW 99TH STREET MIAMI FL
TITLE NAME STREET ADDRESS CITY ST ZIP	VD TELHARD, DOROTHY 54 S. BLACKWATER LANE KEY LARGO FL
TITLE NAME STREET ADDRESS CITY ST ZIP	STD TELHARD, MAX 54 S. BLACKWATER LANE KEY LARGO FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Telhard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL TELHARD

4/24/95 (305) 235-9300
Tallahassee, Florida