

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **476773** (7)
1. Corporation Name
LEIGH ESSEX CORP.



Principal Place of Business 309 ALTAMONTE COMM. BLVD STE 1516 ALTAMONTE SPRINGS FL 32714 US	Mailing Address PO BOX 941304 MAITLAND FL 32794-8304 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1975		3a. Date of Last Report 07/15/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1595952		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MOORE, DON L
692 N LONGVIEW PLACE
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81	Name Donna Demeter
82	Street Address (P.O. Box Number is Not Acceptable) 940 Douglas Ave., #217
83	
84	City Altamonte Springs
85	Zip Code FL 32714

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 *Donna Demeter* **Donna Demeter, President** DATE **08/18/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, DON LARSEN			1.2 NAME	Demeter, Donna S.		
STREET ADDRESS	692 N LONGVIEW			1.3 STREET ADDRESS	940 Douglas Ave., #217		
CITY-ST-ZIP	LONGWOOD FL			1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714		
TITLE	PSD	<input type="checkbox"/> DELETE		2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, STACY FRIEDMAN			2.2 NAME	Moore, Stacy Friedman		
STREET ADDRESS	692 N LONGVIEW			2.3 STREET ADDRESS	692 N. Longview		
CITY-ST-ZIP	LONGWOOD FL			2.4 CITY-ST-ZIP	Longwood, FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 *Donna Demeter* **Donna Demeter** (407) 299-7355

CR2E034 (4/97)