

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 515170 (9)
 1. Corporation Name
LEADING EDGE, INC.

Principal Place of Business 2245 NW 72ND AVE MIAMI FL 33122 US	Mailing Address 2245 NW 72 AVE MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/27/1976		
4. FEI Number 59-1695579	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BOGAGE, GERALD I.
 620 REINANTE
 MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOGAGE, GERALD I.	
STREET ADDRESS	620 REINANTE	
CITY-ST-ZIP	MIAMI 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

11 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Carole T. Bogage	
13 STREET ADDRESS	620 Reinante	
14 CITY-ST-ZIP	Miami, Fl 33156	
21 TITLE	Controller, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Linda C. Ball	
23 STREET ADDRESS	9090 SW 125 Terrace	
24 CITY-ST-ZIP	Miami, Fl 33176	
31 TITLE	Sales VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Steven C. Weiss	
33 STREET ADDRESS	90 Edgewater Drive #808	
34 CITY-ST-ZIP	Coral Gables Fl 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	Secretary	
42 NAME	Gerald I Bogage	
43 STREET ADDRESS	620 Reinante	
44 CITY-ST-ZIP	Miami, Fl	
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 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: *[Signature]* 4/13/98 592-9700

CR2E034 (10/97)