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

PROFIT CORPORATION ANNUAL'REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

528474

LEEDS BUSINESS COUNSELING, INC.

Principal Piace of Business

Mailing Address

	BRICKELL AVENUE								
SUITE 508				DO NOT WRITE IN THIS SPACE					
MIAMI	, FL 33131				3. Date Incorporated or Qualified				
					02/22/1977			.=	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Ar	pplied For	
H		26 150 ALHAMI	BRA	CIRCLE	59-1726598		No	ot Applicable	
Suite, Apt	. *, etc.	Suite Apt. W, etc. SUITE 126	<u> </u>		5. Certificate of Status Desired		•	Additional equired	
City & Sta	te	City & State 28 CORAL GABI	LES	FL	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 4	Country 25	Zip 29 33134 3	Cou I	ntry DADE	This corporation owes or has per Personal Property Tax due June			tangible No	
					10. Name and Address of New Registered Agent				
				81 Name PAUL D. BARNS, JR., ESQ.					
PAUL D. BARNS, JR.				82 Street Address (P.O. Box Number is Not Acceptable) 150 ALHAMBRA CIRCLE					
				SUITE	1260				
				CORAL	GABLES	FL		Code 3134	
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 typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when remittating) DATE									
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	PD	☐ DELETE	1.1 TiT	LE			Change	Addition	
NAME	/		1.2 NA	ME					
PROFEST ABBROARD			1.3 ST	HEET ADDRESS				ł	
MTY - ST - 74P	MINU BRICKELL AV	ESUITE 508		Y . ST . 7/P	•				

DELETE ☐ Change Addition 2.1 TITLE LEEDS, DOROTHY S. NAME 2.2 NAME 1121 CRANDON BLVD. D - 507STREET ADDRESS 2.3 STREET ADDRESS KEY BISCAYNE, FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change SD Addition TITLE 3.1 TITLE BARNS, PAUL D., JR. BARNS, PAUL D. JR. 150 ALHAMBRA CIRCLE -NAME 3.2 NAME 1570 MADRUGA AVE. SUITE 211 **SUITE 1260** 3.3 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL CORAL GABLES, FL 33134 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change ☐ Addition 800002512418 6.2 NAME -05/06/98--01006--033 6.3 STREET ADDRESS STREET ADDRESS

thr-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:

FILED

May 05 1998 8:00am

Secretary of State