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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 601043

(3)

FILED May 13 1997 8:00am Secretary of State

IRWIN LEIDER, PROFESSIONAL ASSOCIATION LEIDER, INC.												
Principal Place		М	ailing Address				I HEFITE L	HARM BERKET HABIT B	e nn chaol ann	HAN ANN I	KURIT BHEHL GAG	i onni hoti
568 PELICAN BAY DRIVE DAYTONA BCH FL 32119 568 PELICAN BAY DRIVE DAYTONA BCH FL 32119-83												
						3.	Date Inc	orporated or 1969	Qualified	1	te of Last F 29/1996	Report
2. Principal Pr	lace of Business		, Mailing Address			4.	, FEI Num				A	ppli e d For
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Suite, Apt		27	Suite, Apt. #, etc.			5.	. Certifical	te of Status D	esired			Additional equired
City & State	C		City & State			6.		Campaign Fi	-	 3		May Be
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- Zip П	Country		Ζιρ	Coun	try	8.		poration has I		ntangible Yes		s 199 03 <i>2</i> ,
4	25 9. Name and Address of	29 Current Regis	tered Agent	30			Florida S	nd Address				
160		Outroit Hogic	norto rigunt		31 Name					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	DER,IRWIN PELICAN BAY DR					LEID		BETTE				
	TONA BEACH FL 32119			8	32 Street	Address (P	P.O. Box N	lumber is No Can Ba	t Acceptab V Dri	le) VA		
ואט	TOWN DENOTIFE SETTE			18	33				7			
				<u> </u>							.,	
				1	34 City	Dayt	ona '	Beach,		FL	85 Zip	Code 2119
11, Parsuant)	to the provisions of Sections 6	07.0502 and 6	07.1508. Florida Sta	tutes, the abo	ove-named	corporatio	on submits	this stateme	nt for the p	urpose of	changing	its registered
office or r	registered agent, or both, in the	a State of Flori	da. Cuch chance un	a authoriaad		naration's b		lirootora I ha	rahu accan	the ann	ointment as	registered
agent I a	en familiar with and connect the	e obligations o	if Coation 607 0606	Elatida Statu	by the corp	porations i	poard of c	MECIOIS. I NE	long accep	1 1110 upg		-
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Too 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 efficer or director of the corporation or the receiver or true 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.