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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601043

(3)

LEIDER, INC.

Principal Place of Business

568 PELICAN BAY DRIVE DAYTONA BCH FL 32119 Mailing Address

568 PELICAN BAY DRIVE DAYTONA BCH FL 32119

## FILED Jul 08 1998 8:00am Secretary of State



						DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified 05/29/1969			
2. Principal Pl	ac <b>e o</b> f Busin	ness	2a. Mailing Address				4. FEI Number			
340 Golf Brook Cirle			le 26 340 Golf	26 340 Golf Brook Circle			e 59-1262859	No	ot Applicable	
Suite Ant #108	#, etc.		Suite, Apt. #, etc.	⊢¬ # 1ΛΩ			5. Certificate of Status Desired Sa.75 Additional Fee Regulred			
City & State	)	· · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing	\$5.00	May Be	
23 Long	wood,	FL	28 Longwood	1-1			Trust Fund Contribution	Added	to Fees	
Zip	Country		Ζφ	· —			8. This corporation owes or has paid the cu			
24 3277		25	29 32779				Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent     ICINCO RETTE ANN     81						10. Name and Address of New Registered Agent Name				
* CCIDED, DETTE NINT						or Name				
<del>SGO POLICAN BAY</del> DR D <del>aytona Beach Fl 3211</del> 9					82 Street Address (P.O. Box Number is Not Acceptable)					
• 340 Golf Brook Circle, #108						•				
Longwood, FL 32779						City		<b>85</b> Zip	Code	
-	J119 11 O O	a, in or,			84	City	FL	_  65   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 Signature, typed or profiled name of registered agent and licinit applicable. (NOTC Registered Agent signature required when reinstating).  DATE										
12.	Signature, typeo		AND DIRECTORS	13.	1 Ayes	in a griandic rout	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	\$PD DELETE		11.11	1LE			<b>K</b> Change	Addition		
NAME	LEIDER.	BETTE ANN		1.2 N/	AME				-	
STREET ADDRESS   \$68 PELICAN BAY DR				1.3 STREE		ADDRESS	340 Golf Brook Circle	e, #10	8 .	
CITY-ST-ZIP		NA BEACH FL		14 CHTY-ST-ZIP		l l	Longwood, FL 32779			
TITLE	D		DELETE			1		Change	☐ Addition	
NAME				22 NAME					l	
STREET ADDRESS	DRESS			2.3 STRI		ADDRESS				
CITY-ST-ZIP	•			2.41		ST-ZIP	<del>pre</del> e			
TITLE			DLIFTE	31 Ti	TLE			Change	☐ Addition	
NAME				3 2 N/	4ME					
STREET ADDRESS				3.3 ST	REET	ADDRESS				
CITY-ST-ZIP				3.4. C(TY - ST - Z(P						
TITLE		<u>,</u>	DELETE	DELETE 41 TITLE				Change	Addition	
NAME				4 2 NAME						
STREET ADDRESS				4.3 ST	REE1.	ADDRESS				
CITY-ST-ZIP	:			4.4 CI	IIY-\$1	1-ZIP				
TITLE			DELETE	5111	TLE			☐ Change	Addition	
NAME				5 2 NAME						
STREET ADDRESS				5.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP				5.4 CI	NY-\$1	T-ZIP				
TITLE			☐ DELETE	6.1 TI	TLE			Change	Addition	
NAME				6.2 N/	AME					
STREET ADDRESS				6.3 \$1	(REET	ADDRESS				
CITY-ST-ZIP					ITY-S1					
44 Lhereby c	ertify that th	e information supplie	ed with this filing does not qualif	v for the exe	dame	tion stated i	n Section 119.07(3)(i), Florida Statutes. I further o	ertify that the	e 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.										