
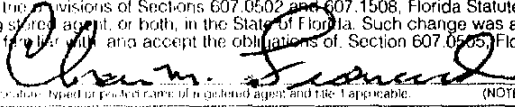


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 646492 (9)					
1. Corporation Name CHARLES M. LEONARD, INC.					
Principal Place of Business 2426 MAYPORT ROAD SUITE TWO ATLANTIC BEACH FL 32233			Mailing Address 2426 MAYPORT ROAD SUITE TWO ATLANTIC BEACH FL 32233-2895		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1979	
21		26		3a. Date of Last Report 04/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2866192	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent LEONARD, CHARLES M. 509 LIGHTHOUSE COURT NEPTUNE BEACH FL 32266			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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 responsible and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE:  DATE: 4/2/97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			1.2 NAME		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
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4.1 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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4.3 STREET ADDRESS			4.3 STREET ADDRESS		
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5.1 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 is in Block 12 or Block 13, changed, or on an attachment with an address.

E:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Leonard

APR 2, 1997

(904) 241-7675

Date

Daytime Phone

0037574

CR2E034 (9/96)