

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829848 (1)

1. Corporation Name
THE LERIO CORPORATION



Principal Place of Business: P.O. BOX 2084, 1501 TELEGRAPH RD., MOBILE AL 36652
Mailing Address: P.O. BOX 2084, 1501 TELEGRAPH RD., MOBILE AL 36652

3. Date Incorporated or Qualified: **04/03/1973**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **63-0123555**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: **ROBSON, MICHAEL G. 1785 Avenue "A" Kissimmee, Fl 34758**
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

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)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE: VP | NAME: CHRISTIAN, MARK M. STREET ADDRESS: 2013 JAPONICA LANE CITY-ST-ZIP: MOBILE AL 36693 | 1.1 TITLE: President | NAME: Christian, Mark M. STREET ADDRESS: 2013 Japonica Lane CITY-ST-ZIP: Mobile, AL 36693 |
| TITLE: D | NAME: SMITH, WATSON STREET ADDRESS: P. O. BOX 1988 - 104 ST. FRANCIS ST N/A CITY-ST-ZIP: MOBILE AL | 2.1 TITLE: V. President | NAME: Bailey, Donald E. STREET ADDRESS: 4209 Wilkinson Way CITY-ST-ZIP: Mobile, AL 36608 |
| TITLE: PD | NAME: GALLONEY, FRANK H III STREET ADDRESS: SEA BREEZE CITY-ST-ZIP: MONTROSE AL | 3.1 TITLE: Director | NAME: Seifert, William R. STREET ADDRESS: PO Drawer 1628 CITY-ST-ZIP: Mobile, AL 36629 |
| TITLE: DC | NAME: WELCH, WILLIAM B STREET ADDRESS: 121 PINEBROOK DR. E. CITY-ST-ZIP: MOBILE AL | 4.1 TITLE: | NAME: |
| TITLE: D | NAME: CROW, JAMES S. STREET ADDRESS: 10 PINE GROVE DRIVE CITY-ST-ZIP: POINT CLEAR AL | 5.1 TITLE: | NAME: |
| TITLE: D | NAME: HOPE, JOHN C. STREET ADDRESS: 3900 SPRING BANK ROAD CITY-ST-ZIP: MOBILE AL | 6.1 TITLE: | NAME: |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* 04/08/96 (334) 4577661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)