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**May 16 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 # 829848 (1)

1. Corporation Name
THE LERIO CORPORATION



Principal Place of Business 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 **04/17/1996**
4. FEI Number **63-0123555** Applied For Not Applicable
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

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 **FL** 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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CHRISTIAN, MARK M.
STREET ADDRESS	2013 JAPONICA LANE
CITY - ST - ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, WATSON
STREET ADDRESS	P. O. BOX 1988 - 104 ST. FRANCIS ST N/A
CITY - ST - ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIAM R SEIFERT
STREET ADDRESS	P. O. DRAWER 1628
CITY - ST - ZIP	MOBILE AL
TITLE	DC <input type="checkbox"/> DELETE
NAME	WELCH, WILLIAM B
STREET ADDRESS	121 PINEBROOK DR. E.
CITY - ST - ZIP	MOBILE AL
TITLE	VP <input type="checkbox"/> DELETE
NAME	DONALD E BAILEY
STREET ADDRESS	4209 WILKINSON WAY
CITY - ST - ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	HOPE, JOHN C.
STREET ADDRESS	3900 SPRING BANK ROAD
CITY - ST - ZIP	MOBILE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christian, Mark M.
1.3 STREET ADDRESS	2013 Japonica Lane
1.4 CITY - ST - ZIP	Mobile, AL
2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Skinner
2.3 STREET ADDRESS	1051 Telegraph Road
2.4 CITY - ST - ZIP	Mobile, Alabama
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael G. Robson
3.3 STREET ADDRESS	1051 Telegraph Road
3.4 CITY - ST - ZIP	Mobile, Alabama
4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jimmy Booth
4.3 STREET ADDRESS	1051 Telegraph Road
4.4 CITY - ST - ZIP	Mobile, Alabama
5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Donald E. Bailey
5.3 STREET ADDRESS	4209 Wilkinson Way
5.4 CITY - ST - ZIP	Mobile, AL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: *Mark M. Christian* 4-30-97 334-457-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)