

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
---	---

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/03/1973</b>	4. FEI Number <b>63-0123555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 <b>BROADHEAD, PERRY J. JR</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1785 AVENUE A</b>
83
84 City <b>KISSIMMEE</b>
85 Zip Code <b>FL 34758</b>

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: *Perry Broadhead* DATE: **5/12/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Donald E Bailey*

3/24/98

CR2E034 (10/97)