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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90167 019 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 829848

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

3. Date incorporated or Qualified

04/03/1973

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BROADHEAD, PERRY J JR
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME PD
 CHRISTIAN, MARK M.
 STREET ADDRESS 2013 JAPONICA LANE
 CITY-ST-ZIP MOBILE AL

TITLE DELETE
 NAME D
 SMITH, WATSON
 STREET ADDRESS P. O. BOX 1988 - 104 ST. FRANCIS ST N/A
 CITY-ST-ZIP MOBILE AL

TITLE DELETE
 NAME D
 WILLIAM R SEIFERT
 STREET ADDRESS P. O. DRAWER 1628
 CITY-ST-ZIP MOBILE AL

TITLE DELETE
 NAME DC
 WELCH, WILLIAM B
 STREET ADDRESS 121 PINEBROOK DR. E.
 CITY-ST-ZIP MOBILE AL

TITLE DELETE
 NAME VD
 DONALD E BAILEY
 STREET ADDRESS 4209 WILKINSON WAY
 CITY-ST-ZIP MOBILE AL

TITLE DELETE
 NAME D
 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 Change Addition
 VD
 1.2 NAME Robson, Michael G.
 1.3 STREET ADDRESS 7100 Saluda Blvd.
 1.4 CITY-ST-ZIP Spanish Fort, AL 36527

2.1 TITLE Change Addition
 SD
 2.2 NAME Welch, Jr., William B.
 2.3 STREET ADDRESS 1708 Arlington Court
 2.4 CITY-ST-ZIP Mobile, AL 36609

3.1 TITLE Change Addition
 D
 3.2 NAME Schock, Jeff T.
 3.3 STREET ADDRESS 708 Killington Court
 3.4 CITY-ST-ZIP Mobile, AL 36609

4.1 TITLE Change Addition
 D
 4.2 NAME Welch, William B.
 4.3 STREET ADDRESS 121 Pinebrook Dr., E.
 4.4 CITY-ST-ZIP Mobile, AL

5.1 TITLE Change Addition
 VD
 5.2 NAME Skinner, Richard B.
 5.3 STREET ADDRESS 19111 Scenic Hwy. 98
 5.4 CITY-ST-ZIP Fairhope, AL 36532

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
 Date

Daytime Phone #

CR2E034 (1/98)