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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(9)

DOCUMENT # F01647
LEO DEVELOPMENT, INC.

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Mar 20 1997 8:00am
Secretary of State

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·	rof Business	Mailing Address				1	PIWEL BIWLL WIN		#{#{\$ 1} 1
Principal Place of Business 167-108TH AVE. TREASURE ISLAND FL 33706		167 106TH AVENUE TREASURE ISLAND FL 33706-4701							
J\$		US			3. Date Incorporated or Qualified 10/15/1980		e of Last i 5/1996	Report	
2. Principal Pace of Business		2a. Mailing Address 26			4. FEI Number 59-2036928	Applied For Not Applicable			
Suite, Apr.≢ 2	√, € tι	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State		City & State				Election Campaign Financing Trust Fund Contribution		T	May Be to Fees
	Country 25	7(p 29)	30	intry		This corporation has liability for in Florida Statutes			
•1	9. Name and Address of Curren		130	I		10. Name and Address of New Reg			
NICK	ERSON, GALE			81	Vame				
10404	CAPRI CIRCLE N SURE ISLAND FL 33708			82	Street Add	ress (P.O. Box Number is Not Acceptable	le)	···-·	
				83					
				84 (City		FL	85 Zip	Code
Office or re	gistered agent, or both, in the State	lof Florida. Such change was	: authorized	d by th	amed corpora	poration submits this statement for the pution's board of directors. I hereby accept	roose of c	hanging intment as	its registere
agent 4 an	if timiliar with, and accept the obliga-	ations of, Section 607.0505, f	lorida Stat	lutes		·			ű
IGNATURE									
:	gara sypologiana Travológicaj denogaci			c Agents	sprature requi	ired when reinstating)	DATE		
· 2.	OFFICERS AN	DIRECTORS	13.		sprature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
: : 2. ::::	PST OFFICERS AN		13. : 1 Til	(LE	sgrature regui		ERS AND	DIRECTO Change	
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• If the reby cert by 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 aim and 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 La man officer or director of the confortation 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

STRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97 813.367-8002