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

CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F83997

(9)

FLORIDA MARKET LEADERS, INC.

Mailing Address

Jan 16 1998 8:00am Secretary of State

**FILED** 

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3909 BARCELONA STREET TAMPA FL 33629		3909 BARCELONA STREET TAMPA FL 33629			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	ł	
	Principal Place of Busi	2000	2a. Mailing Address			06/04/1982 4. FE) Number	Applied For	
	Findipal Flace of Dusk	1622	<del></del>			"	<del></del>	
21		26			59-2200539	Not Applicable		
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State         City & State           28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	Zip <b>29</b>	Country 30		8. This corporation owes or has paid the curred Personal Property Tax due June 30.	Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
FOX, ALBERT				81	Name			
3909 BARCELONA ST. TAMPA FL 33629			82	32 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. J am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.								

ed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ 1.1 TITLE Change Addition TITLE FOX, ALBERT 1.2 NAME NAME 3909 BARCELONA STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change MUSSO, NICHOLAS G 2.2 NAME STREET ADDRESS 3909 BARCELONA STREET 2.3 STREET ADDRESS TAMPA FL CMY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ DELETE Change Addition 4.1 TITLE 4. 2 NAME STREET ADDRESS 4,3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE TITLE 5.1 TITLE Спалое Addition 5,2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ Addition DELETE Change 6.1 TITLE TITLE 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 appears in the receiver of the corporation of the corporat

SIGNATURE:

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