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FILED
May 08 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 # F93000003290 (4)

1. Corporation Name

LEAPS & BOUNDS, INC.



Principal Place of Business

Mailing Address

ONE CORPORATE PLAZA
110 EAST BROWARD BLVD.
FT. LAUDERDALE FL 33301
US

C/O LEGAL DEPT.
ONE CORPORATE PLAZA, 110 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
03/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

36-3809770

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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: Type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BERRARD, STEVEN R.
STREET ADDRESS 200 SOUTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ DELETE

TITLE P
NAME MOORE, DONNA
STREET ADDRESS ONE CORPORATE PLAZA 110 E. BROWARD BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☒ DELETE

TITLE VS
NAME CASINI, VICTOR M
STREET ADDRESS 205 N MICHIGAN AVE STE 3400
CITY-ST-ZIP CHIG-CAGO IL ☒ DELETE

TITLE T
NAME ERLAIN, FRANK P
STREET ADDRESS 205 N MICHIGAN AVE STE 3400
CITY-ST-ZIP CHICAGO IL ☒ DELETE

TITLE V
NAME FLYNN, BRIAN J
STREET ADDRESS 205 N MICHIGAN AVE STE 3400
CITY-ST-ZIP CHICAGO IL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Moore, Donna
1.3 STREET ADDRESS 1200 Highway 93 North
1.4 CITY-ST-ZIP Eureka, MT 59917 ☐ Change ☒ Addition

2.1 TITLE P
2.2 NAME Bernstein, Scott
2.3 STREET ADDRESS 110 E. Broward Blvd., 23rd Floor
2.4 CITY-ST-ZIP FT. Lauderdale, FL 33301 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME Rooney, Robert
3.3 STREET ADDRESS 110 E. Broward Blvd., 23rd Floor
3.4 CITY-ST-ZIP FT. Lauderdale, FL 33301 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 as an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

Date: 4/20/97 Daytime Phone #: (954) 627-2418