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May 05 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 # F93000003699 (6)

1. Corporation Name

LEON H. SULLIVAN, INC.

Principal Place of Business

615 WALNUT STREET
16TH FLOOR
PHILADELPHIA PA 19106
US

Mailing Address

615 WALNUT STREET
16TH FLOOR
PHILADELPHIA PA 19106
US

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
23-1542837

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

2. Principal Place of Business

21 615 Chestnut St
Suite, Apt. #, etc.

2a. Mailing Address

26 615 Chestnut St
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

POWERS, THOMAS J
100 2ND AVENUE SOUTH, #102
ST. PETERSBURG FL 33701

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME O'CONNOR, JAMES W
STREET ADDRESS 615 WALNUT ST., 16TH FLOOR
CITY-ST-ZIP PHILADELPHIA PA

TITLE V ☐ DELETE

NAME POWERS, THOMAS J
STREET ADDRESS 100 2ND AVENUE SOUTH, #102
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ST ☐ DELETE

NAME HANKINSON, DOROTHY J.
STREET ADDRESS 615 WALNUT ST 16TH FL
CITY-ST-ZIP PHILADELPHIA PA

TITLE D ☒ DELETE

NAME O'CONNOR, ELLEN V
STREET ADDRESS 235 BRAKEL LANE
CITY-ST-ZIP MEDIA PA 19063

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

615 Chestnut St., 16TH FL
19106

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

615 Chestnut St., 16TH FL
19106

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

615 Chestnut St., 16TH FL
19106

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

615 Chestnut St., 16TH FL
19106

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Director
Eminente, Christian L.
22 300 SW 66th Avenue
Boca Raton, FL 33428

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

Signature of registered agent

4/29/97

215 413 7605

CR2E034 (9/96)