SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 19 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F96000

1. Corporation Name

LEED CORPORATE SERVICES INC. F96000006298 (1)

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LEED C	OHPONATE SERVICES, INC	U ,				AN THE THE THE PART HE WAS THE
Principal Place	e of Business	Mailing Address		T-101		BBIIN BBIINE BLING HOND LOIDH YDIN 1881
155 MAIN ST		155 MAIN ST				
DANBURY CT	06810	DANBURY CT 06810			DO MOT WOITE II	ATTURN ADA OF
					DO NOT WRITE IN 3. Date Incorporated or Qualified	3a. Date of Last Report
					12/02/1996	Sa. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			06-0851424	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	X \$8.75 Additional
22		27			6. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	_J Added to Fees
Zip	Country 25	Zip 29	30 Cour	ury	 This corporation owes or has paid Personal Property Tax due June 30 	
24	9. Name and Address of Current		1301		10. Name and Address of New Regin	
LEI	LI, EDWARD A			81 Name		
	EED CORPORATE SERVICES, INC	IC.		82 Street	Addison (D.C. Boy Number in Not Accompable	
	1 HWY 77				Street Address (P.O. Box Numbor is Not Acceptable) 2701 HWY 77 South	
	NAMA CITY FL 32444		ļ	83		
			ŀ	84 City		as Zin Codo
			ļ	~ ∐ýn	n Haven	FL 85 32 444
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida State	utes, the ab	ove-named	corporation submits this statement for the pur poration's board of directors. I hereby accept t	pose of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, f	Florida Stati	ites.	orations board or directors. Thereby accept to	trie appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ager OFFICERS AND		DIE: Rogistered	Agent signature	required when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE PS AND DIRECTORS IN 12
TITLE	DCP CITIZENS AND	DELETE	1.1 (1)	ı F	ADDITIONO/OFFIANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition Change Addition
NAME	LEILI, EDWARD A		1.2 NA			4
STREET ADDRESS	7 PEACE PIPE LN			REET ADDRESS		<u>8</u>
CITY-ST-ZIP	SHERMAN CT 08784			Y-ST-ZIP		띯
TITLE	DS	DELETE	21 TIT			Change
NAME	LEILI, KENNETH E		2.2 NA	VIE [ļ
STREET ADDRESS	140 DAVIS ST		2.3 STI	reet address	7 Peace Pipe Lane	
CITY-ST-ZIP	OAKVILLE CT 06779		2. 4 CI	TY-ST-ZIP	Sherman, CT 06784	
TITLE		☐ DELETE	3.1 TIT			Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CI	Y-ST-ZIP		Change Addition
NAME			4.1 III 4.2 NA			_ , _
STREET ADDRESS				REET ADDRESS	7000000	
CITY-ST-ZIP				Y-ST-71P	-07/5373	453370 701081015 .75 *****\$558.75
TITLE		DELETE	5.1 TIT		米米米米ででは	7C Change Addition
NAME			5.2 NA		(1)	・13 中華市事358.75
STREET ADDRESS				REET ADDRESS	*11	
CITY-ST-ZIP				Y-ST-ZIP	()	
TITLE		☐ DELETÉ	6.1 TIT	LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STF	REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-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.

O Kenneth E. Leili 7/22/97

(203)744-1-331