May 05, 1999 8:00 am Secretary of State

05-05-1999 90185 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006298

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information superior indicated on this annual report or applement officer or director of the scriporation or the

CITY-ST-ZIP

TITLE

NAME

LEED CORPORATE SERVICES, INC.

| Principal Place of Business Mailing Address | | | | | 1,441, | | | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|-------------------------------------------------------|-----------------------------------------|-------------------------------|----------------|--------------------|--|
| 155 MAIN ST | | 155 MAIN ST | | | | | | | |
| DANBURY CT O | 06810 | DANBURY CT 06810 | DANBURY CT 06810 | | | DO NOT WRITE IN T | HIS SPACE | | |
| | | | | | 3 Date Inco | porated or Qualifed | 110 01 7102 | · | |
| | | | | | 1 ** * * * * | • | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 12/02/1996 4. FEI Number Applied For | | | | |
| | | | | | | | Not Applicable | | |
| 21 | | 26 | | | 00.000 | 464 | <u>¢8.</u> | 75 Additional | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate | of Status Desired | + | e Required | |
| City & State | e | City & State | | | - | ampaign Financing | | . 00 May Be | |
| 23 | · · · · · · · · · · · · · · · · · · · | 28 | | | Trust Fund | d Contribution | Ad | ded to Fees | |
| Zip | Country | Zip | Countr | у | , | oration owes the current year | | | |
| 24 | 25 | 29 3 | 30 | | | Property Tax. | Yes Yes | □No | |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name an | d Address of New Register | ed Agent | | |
| | - FDW455 A | | 8 | I Name | | | | | |
| LEILI, EDWARD A | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 700 ABERDEEN LOOP | | | | 0 | | | | | |
| SUIT | | | 83 | 3 | | - | | | |
| PANAMA CITY FL 32405 | | | <u>-</u> | 4 00 | | | Toe T | Zip Code | |
| | | | 84 | 4 City | | F | -L 85 | Zip Code | |
| office or r agent. I a SIGNATURE | to the provisions of Sections 60'. Set egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age | ations of, Section 607.0505, Florid | da Statute | s. | quired when reinstating) | DATE | | | |
| 12. | | ND DIRECTORS | 13. | | | S/CHANGES TO OFFICERS | AND DIRE | CTORS IN 12 | |
| TITLE | DCP | ☐ DELETE | 1.1 TITLE | | DCPT | | ∑ Cha | inge Addition | |
| NAME | LEILI, EDWARD A | | 1.2 NAME | . | | | | | |
| STREET ADDRESS | T DEADE DIDE IN | | | ET ADDRESS | | | | | |
| | SHERMAN CT 06784 | | 1.4 CITY- | I | | | | | |
| CITY-ST-ZIP | DS | ☐ DELETE | 2.1 TITLE | | DCH | | Cha | ange Addition | |
| 1 | LEILI, KENNETH E | | 2.2 NAME | I | DSV | | 77. | · | |
| NAME | EL ODGELIT OTDEET | | | I | " | - 14123 B 1 | | | |
| STREET ADORESS | DANBURY CT 06810 | | | ET ADDRES\$ | #9 55 Oi | 1 Mill Road | - | - | |
| CITY-ST-ZIP | DANBURT CT 00010 | □ DELETE | 2.4 CITY- 3.1 TITLE | | | | ☐ Cha | nge Addition | |
| TITLE | | Chactere | | - 1 | | | | | |
| NAME | | | 3.2 NAME | 1 | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | C ACLETE | 3.4. CITY- | | | | □ Cha | ange | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Į. | | | | ingo 🗀 Addition | |
| NAME | | | 4. 2 NAM | j | | | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADORESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | ☐ Cha | ange 🔲 Addition | |
| 1 | } | | 52 NAME | : | | | | | |

4/29/99 (203)744-1331 UREDEdward Leili SIGNATURE:

5.3 STREET ADDRESS

6.3 STREET ADDRESS

on not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

☐ Change

☐ Addition