

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **G13437**

(0)

1. Corporation Name:

LEADER MORTGAGE, INC.

53 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5301 N FEDERAL HWY. STE 290
BOCA RATON FL 33487**

Mailing Address

**5301 N FEDERAL HWY. STE 290
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1982

3a. Date of Last Report

08/02/1994

4. FEI Number

59-2238453

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**MELI, RICHARD C.
4195 FRANCES DR.
DELRAY BCH. FL 33445**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of Registered Agent or Current Registered Agent and Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MELI, RICHARD C.
STREET ADDRESS	4195 FRANCES DR.
CITY, ST, ZIP	DELRAY BCH. FL
TITLE	ST
NAME	MCHENRY, MARY C.
STREET ADDRESS	821 N.E. 71ST ST
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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	33445
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	MARY C. MCHENRY
2.3 STREET ADDRESS	821 N.E. 71ST ST
2.4 CITY, ST, ZIP	BOCA RATON FLORIDA 33487
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 1, or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Mary C. McHenry
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/17/95

File Form 1995-8