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May 02 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 # **G57358** (5)  
1. Corporation Name  
**STEPHEN H. LEONARD AND ASSOCIATES, INC.**



Principal Place of Business: **2801 N.E. 39TH COURT LIGHHOUSE POINT FL 33064 US**  
Mailing Address: **2801 NE 39 CT LIGHHOUSE POINT FL 33064-8451 US**

3. Date Incorporated or Qualified: **08/29/1983**  
3a. Date of Last Report: **04/29/1996**  
4. FEI Number: **59-2329335**  
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 (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **LEONARD, STEPHEN H. 2801 NE 39 CT. LIGHHOUSE POINT FL 33064**  
10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LEONARD, STEPHEN H.	1.1 TITLE	
NAME	LEONARD, STEPHEN H.	1.2 NAME	
STREET ADDRESS	2801 NE 39 COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHHOUSE POINT FL	1.4 CITY-ST-ZIP	
TITLE	ST LEONARD, STEPHEN H.	2.1 TITLE	
NAME	LEONARD, STEPHEN H.	2.2 NAME	
STREET ADDRESS	2801 NE 39 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHHOUSE POINT FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my address.

SIGNATURE: \_\_\_\_\_  
46497 98-284-0009

CR2E034 (9/96)