

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:48

DOCUMENT # **H01241 (9)**
1. Corporation Name
LEADER INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address
300 N CR 427 LONGWOOD FL 32750 US **300 N CR 427 LONGWOOD FL 32750 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1984** 3a. Date of Last Report **01/19/1994**
4. FEI Number **59-2400574** 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 § 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1010 Pebble Beach Circle West** 26 **same**
22 **Winter Springs, FL** 27 **same**
23 **32708** 28 **USA**
24 **USA** 29 **USA** 30 **USA**

9. Name and Address of Current Registered Agent
CULTON, ROBERT H., II
539 VERSAILLES DRIVE, SUITE 100
MATLAND 32751

10. Name and Address of New Registered Agent
81 Name **same**
82 Street Address (P.O. Box Number is Not Acceptable) **Atrium III, Suite 120**
83 **499 E. Central Florida Parkway**
84 City **Altamonte Springs** FL 85 Zip Code **32701**

11. Pursuant to the provisions of Sections 607.0507 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 the corporation) _____ (Registered Agent signature required after registration)

12. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------|
| TITLE | PD |
| NAME | JACOBY, JANICE J. |
| STREET ADDRESS | 1010 PEBBLE BEACH CIR W |
| CITY-ST-ZIP | WINTER SPRINGS FL |
| TITLE | VD |
| NAME | JACOBY, HARVEY |
| STREET ADDRESS | 1010 PEBBLE BEACH CIR W |
| CITY-ST-ZIP | WINTER SPRINGS 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. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-ST-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-ST-ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the position stated in this filing. I declare under penalty of perjury that the information submitted on this annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made in person. 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: Janice J. Jacoby (Janice J. Jacoby) 1-12-95 407-359-7518
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR