FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H01241

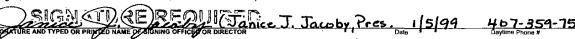
Principal Place of Business

LEADER INVESTMENT GROUP, INC.

1010 PEBBLE BEACH CIRCLE WEST WINTER SPRINGS FL 32708 US		1010 PEBBLE BEACH CIRCLE WEST WINTER SPRINGS FL 32750 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/26/1984					
2. Principal f	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Numbe				Ar	plied For
21		26				59-2400	574			No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of		red 🗆	\$	8.75	Additional
22		27				J. Certificatis (or Otalias Desi			Fee Re	equired
City & State		City & State				6. Election Ca	ampaign Finar Contribution	ncing 🗆			May Be to Fees
Zip	Country	Zip	Countr	ν				e current ves	ar Intangi		01003
24	25	29 30				8. This corporation owes the current year Intangible Personal Property Tax.					
	9. Name and Address of Current		Ī.,		1	10. Name and		New Registe	red Age	nt	
			81	Na	ame						
CULTON, ROBERT H., II ATRIUM III SUITE 120			82	2 St	treet Address	Address (P.O. Box Number is Not Acceptable)					
499 E CENTRAL FLORIDA PARKWAY			83	3		 					
	AMONTE SPRINGS FL 32701							<u> </u>	1		
		•.	84	Cit	ity				FL 8	5 Zip	Code '
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was auth	horized by	/ the c	med corporati corporation's	tion submits thi board of direc	is statement fo tors. I hereby	or the purpos	se of cha	 nging its ent as re	registered gistered
BIO.W.COTTE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Age	int signa	ature required whe	<u>-</u>		DAT			
12.	OFFICERS AND		13.			ADDITIONS	CHANGES T	O OFFICER			
TITLE	PD	☐ DELETE	1.1 TITLE							Change	☐ Addition
NAME	JACOBY, JANICE J.		1.2 NAME								
STREET ADDRESS			1.3 STREET ADDRES		RESS						
CITY-ST-ZIP	WINTER SPRINGS FL	□ AF1.575	1.4 CITY-5	ST-ZIP							TAIR .
TITLE	T			2.1 TITLE					L	Change	☐ Addition
NAME	JACOBY, HARVEY		2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS		٠. ـ						
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP		<u> </u>			•••		01	(T) 6 Julius
TITLE	☐ DELETE		3.1 TITLE						Ц	Change	Addition
NAME 1			3.2 NAME			_					
STREET ADDRESS			3.3 STREE			-					
CITY-ST-ZIP.		☐ DELETE	3.4. CITY-1	ST-ZIP	' 					Change	Addition
TITLE	'	□ verete	4.1 TITLE						Ц	Change	
NAME			4. 2 NAME		neee						
STREET ADDRESS			4.3 STREE		NEOS						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE		-		· ·			Change	☐ Addition
NAME		با محدد	5.1 TILE 5.2 NAME						🖰	July	
STREET ADDRESS			5.3 STREE	TADOR	RESS			•	•		
			1	5.4 CITY-ST-ZIP					•		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE							Change	Addition
NAME *			6.2 NAME							J90	
STREET ADDRESS	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.3 STREE		RESS						
CITY-ST-ZIP	; .		6.4 CITY- S								
OILL-OL-FILE	<u> </u>										

14. I 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, with all other like empowered.

SIGNATURE:



FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90036 019 ***150.00