


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

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT # H53152 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Corporation Name LEADER ENTERPRISES, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business % ROBERT E. FRALEY 390 N. ORANGE AVE. #2600 ORLANDO FL 32801-8642 | | | Mailing Address C/O RICHARD E. NEAL 390 NORTH ORANGE AVENUE SUITE 2600 ORLANDO FL 32801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 City & State | | 27 City & State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 Zip. | | 28 Zip | | 29 Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 Country | | 25 Zip | | 30 Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Name and Address of Current Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEAL, RICHARD E ESQ 390 N. ORANGE AVE. #2600 ORLANDO FL 32801-1642 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>DC</td> <td>[] DELETE</td> </tr> <tr> <td>NAME</td> <td>FRALEY, ROBERT E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>390 N. ORANGE AVE. #2600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>[] DELETE</td> </tr> <tr> <td>NAME</td> <td>ZADROZNY, KRISTINA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>390 N ORANGE AVE, STE 2600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32801</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>[] DELETE</td> </tr> <tr> <td>NAME</td> <td>GREEN, H. CHARLES JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>860 BRIGHTWATER CIR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MAITLAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td>[] DELETE</td> </tr> <tr> <td>NAME</td> <td>NEAL, RICHARD E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>390 N. ORANGE AVE., #2600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>[] DELETE</td> </tr> <tr> <td>NAME</td> <td>FRALEY, DIXIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>390 N ORANGE AVE #2600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AT</td> <td>[X] DELETE</td> </tr> <tr> <td>NAME</td> <td>ZADROZNY, KRISTINA M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>390 N. ORANGE AVE., #2600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL</td> <td></td> </tr> </table> | | | | | | TITLE | DC | [] DELETE | NAME | FRALEY, ROBERT E. | | STREET ADDRESS | 390 N. ORANGE AVE. #2600 | | CITY-ST-ZIP | ORLANDO FL | | TITLE | T | [] DELETE | NAME | ZADROZNY, KRISTINA M | | STREET ADDRESS | 390 N ORANGE AVE, STE 2600 | | CITY-ST-ZIP | ORLANDO FL 32801 | | TITLE | D | [] DELETE | NAME | GREEN, H. CHARLES JR. | | STREET ADDRESS | 860 BRIGHTWATER CIR. | | CITY-ST-ZIP | MAITLAND FL | | TITLE | VS | [] DELETE | NAME | NEAL, RICHARD E. | | STREET ADDRESS | 390 N. ORANGE AVE., #2600 | | CITY-ST-ZIP | ORLANDO FL | | TITLE | D | [] DELETE | NAME | FRALEY, DIXIE | | STREET ADDRESS | 390 N ORANGE AVE #2600 | | CITY-ST-ZIP | ORLANDO FL | | TITLE | AT | [X] DELETE | NAME | ZADROZNY, KRISTINA M. | | STREET ADDRESS | 390 N. ORANGE AVE., #2600 | | CITY-ST-ZIP | ORLANDO FL | |
| TITLE | DC | [] DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | FRALEY, ROBERT E. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 390 N. ORANGE AVE. #2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | T | [] DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ZADROZNY, KRISTINA M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 390 N ORANGE AVE, STE 2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | D | [] DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | GREEN, H. CHARLES JR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 860 BRIGHTWATER CIR. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MAITLAND FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | VS | [] DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | NEAL, RICHARD E. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 390 N. ORANGE AVE., #2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | FRALEY, DIXIE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 390 N ORANGE AVE #2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | AT | [X] DELETE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | ZADROZNY, KRISTINA M. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 390 N. ORANGE AVE., #2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>11 TITLE</td> <td>D, P</td> <td>[] Change [X] Addition</td> </tr> <tr> <td>12 NAME</td> <td>Arday, Van</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td>390 N. Orange Avenue, Suite 2600</td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td>Orlando, FL 32801</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td>D</td> <td>[] Change [X] Addition</td> </tr> <tr> <td>22 NAME</td> <td>Amerman, Mark W.</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td>1962 Maple Leaf Drive</td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td>Windermere, FL 34786</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td>V</td> <td>[] Change [X] Addition</td> </tr> <tr> <td>32 NAME</td> <td>Fogerty, Steven S.</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td>390 N. Orange Avenue, Suite 2600</td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td>Orlando, FL 32801</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td>V</td> <td>[] Change [X] Addition</td> </tr> <tr> <td>42 NAME</td> <td>Snell, D. J.</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td>390 N. Orange Avenue, Suite 2600</td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td>Orlando, FL 32801</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td></td> <td>[] Change [] Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>61 TITLE</td> <td></td> <td>[] Change [] Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | | | | 11 TITLE | D, P | [] Change [X] Addition | 12 NAME | Arday, Van | | 13 STREET ADDRESS | 390 N. Orange Avenue, Suite 2600 | | 14 CITY-ST-ZIP | Orlando, FL 32801 | | 21 TITLE | D | [] Change [X] Addition | 22 NAME | Amerman, Mark W. | | 23 STREET ADDRESS | 1962 Maple Leaf Drive | | 24 CITY-ST-ZIP | Windermere, FL 34786 | | 31 TITLE | V | [] Change [X] Addition | 32 NAME | Fogerty, Steven S. | | 33 STREET ADDRESS | 390 N. Orange Avenue, Suite 2600 | | 34 CITY-ST-ZIP | Orlando, FL 32801 | | 41 TITLE | V | [] Change [X] Addition | 42 NAME | Snell, D. J. | | 43 STREET ADDRESS | 390 N. Orange Avenue, Suite 2600 | | 44 CITY-ST-ZIP | Orlando, FL 32801 | | 51 TITLE | | [] Change [] Addition | 52 NAME | | | 53 STREET ADDRESS | | | 54 CITY-ST-ZIP | | | 61 TITLE | | [] Change [] Addition | 62 NAME | | | 63 STREET ADDRESS | | | 64 CITY-ST-ZIP | | |
| 11 TITLE | D, P | [] Change [X] Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 NAME | Arday, Van | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 STREET ADDRESS | 390 N. Orange Avenue, Suite 2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 CITY-ST-ZIP | Orlando, FL 32801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 TITLE | D | [] Change [X] Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 NAME | Amerman, Mark W. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 STREET ADDRESS | 1962 Maple Leaf Drive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 CITY-ST-ZIP | Windermere, FL 34786 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 TITLE | V | [] Change [X] Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 NAME | Fogerty, Steven S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 STREET ADDRESS | 390 N. Orange Avenue, Suite 2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 CITY-ST-ZIP | Orlando, FL 32801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 TITLE | V | [] Change [X] Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 NAME | Snell, D. J. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 STREET ADDRESS | 390 N. Orange Avenue, Suite 2600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 CITY-ST-ZIP | Orlando, FL 32801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 TITLE | | [] Change [] Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 TITLE | | [] Change [] Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

99 APR 29 PM 5:48



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified 04/22/1985 | |
| 4. FEI Number 59-2651632 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. NEAL VS 4-26-99 407-425-

Date:

Daytime Phone #

4900