FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 22 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

LEADER ASSOCIATES, INC.

DOCUMENT #
J07634 (5)

Mailing Address

~~426 ELIZABETH ST~~
~~KEY WEST FL 33040~~
US

Principal Place of Business

% JOSEPH S. HULL
110 W 9TH AVENUE
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1986	3a. Date of Last Report: 04/09/1993
4. FEI Number: 65-0010368	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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
8. This Corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Mailing Address: 21 c/o Gary E. Bashian, Esq. 235 Main Street	2a. Principal Place of Business: 26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23 White Plains, NY	City & State: 28
Zip: 24 10601 — Country: 25 USA	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

HULL, JOSEPH S.
426 ELIZABETH ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

11 TITLE	D/P
12 NAME	HULL, JOSEPH S.
13 STREET ADDRESS	110 W 9TH AVE
14 CITY ST ZIP	SUMMERLAND KEY FL
21 TITLE	D
22 NAME	WELTE, ROBERT
23 STREET ADDRESS	54 ROUND HILL RD.
24 CITY ST ZIP	GREENWICH CT
31 TITLE	D
32 NAME	WELTE, DYANNE
33 STREET ADDRESS	54 ROUND HILL RD
34 CITY ST ZIP	GREENWICH CT
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Welte 3/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR