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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K52566** (2)
1. Corporation Name
LEOBUSS CONSULTING & DEVELOPMENT LIMITED, INC.

Principal Place of Business Mailing Address
P.O. BOX 3875 LANTANA FL 33465-3875 **P.O. BOX 3875 LANTANA FL 33465-3875**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1988	3a. Date of Last Report 05/01/1994
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	4. FEI Number 65-0096607	Applied For Not Applicable
24. zip	25. COUNTRY	29. zip	30. COUNTRY	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
ROSENBERG, ANDREA 100 SPOONBILL ROAD MANALAPAN FL 33462				7. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3		B4 City FL B5 Zip Code	

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 Name) _____ (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT	NAME ROSENBERG, ANDREA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 SPOONBILL RD	CITY ST ZIP MANALAPAN FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY ST ZIP	
TITLE VSM	NAME BUSSCHAERT, LEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 100 SPOONBILL RD	CITY ST ZIP MANALAPAN FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY ST ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY ST ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY ST ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY ST ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY ST ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(B), 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 checked, or on an attachment with an address.

SIGNATURE: *Leo Busschaert* vice pres. **Apr 29, 95 407-547-7118**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEO BUSSCHAERT