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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66564

(1)

FILED Apr 24 1997 8:00am Secretary of State

TERRY LEET INC. Principal Place of Business Mailing Address B12 SEVARD AVE CLEARWATER FL 34624 CLEARWATER FL 34624 CLEARWATER FL 34624-4755										
						3. Date incorporated or Qua 02/13/1989	alified		e of Last R	Report
2. Principal F	Flace of Business	2a. Mailing Addres	s			4, FEI Number		<u> </u>	A	pplied For
21	M = 3 -	26				59-2932166				ot Applicable
Suite, Apt. 22		Suite, Apt. #, et	С.			5. Certificate of Status Desi	ed		Fee R	Additional equired
City & Sta	te	City & State				6. Election Campaign Finan	cing	_		May Be
23 Zip	Country	28 Zip	1 (Country		Trust Fund Contribution	la e e	<u>u</u>		to Fees
24	25	29	30	Journay		This corporation has liable Florida Statutes		itangible i Yes		5. 199.032,
<u>:4 </u>	g. Name and Address of Curr		[30]	1		10, Name and Address of N				
IFF	T, TERENCE S.		· · · · · · · · · · · · · · · · · · ·	81	Name	· · · · · · · · · · · · · · · · · · ·		•,		
	SEVARD AVENUE			82	Street Add	ress (P.O. Box Number is Not Ad	centabl	۵۱		
	ARWATER FL 34625			02	311001 700	1655 (F.O. DOX 1401106) IS 1401 AC		G)		
				83						
				84	City				85 Zip	Code
					_			FL.		
	TINAA AALIA			Statutos	S.		_	, 1		
SIGNATURE	Signature Typed or printed name of reliatered a OFFICERS A	agent and title if applicable.	(NOTE: Regis	stered Age		poration submits this statement fition's board of directors. I hereby the when reinstating) ADDITIONS/CHANGES TO	- 1	DATE	1/9)
			(NOTE: Regis				- 1	DATE	1/9	PS IN 12
12.	OFFICERS A	agent and title if applicable.	(NOTE: Regis	stered Age		ired when reinstating)	- 1	DATE	DIRECTOR	PS IN 12
12. TIBLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE	agent and title if applicable.	(NOTE: Regis	istered Age 13. 1 TITLE 2 NAME		ired when reinstating)	- 1	DATE	DIRECTOR	PS IN 12
12. TIBLE NAME	OFFICERS A D LEET, TERENCE S.	agont and title if applicable. ND DIRECTORS DELE	(NOTE: Regis	istered Age 13. 1 TITLE 2 NAME	ont signature requi	ired when reinstating)	- 1	DATE	DIRECTOR Change	RS IN 12
12. THLE NAME STREET ADDRESS	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE	agent and title if applicable.	(NOTE: Regis	I3. 13. 11 TITLE 2 NAME 3 STREET	ont signature requi	ired when reinstating)	- 1	DATE	DIRECTOR	RS IN 12
12. THEE NAME STREEL ADDRESS CHY-SE-ZIP THEE	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE	agont and title if applicable. ND DIRECTORS DELE	(NOTE: Regis	IS STREET A CITY-S TITLE A CITY-S A TITLE	ADDRESS	ired when reinstating)	- 1	DATE	DIRECTOR Change	RS IN 12
THLE NAME STREEL ADDRESS CHY-SE-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. ND DIRECTORS DELE	(NOTE: Regis	IS. 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME	ADDRESS T-ZIP ADDRESS	ired when reinstating)	- 1	DATE	DIRECTOR Change	RS IN 12
THLE NAME STREEL ADDRESS CHY-SE-ZIP TITLE NAME STREET ADDRESS CHY-SE-ZIP	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agent and title if applicable. NDD DIRECTORS DELE	(NOTE: Regis	stered Age 131 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE .2 NAME .3 STREET	ADDRESS T-ZIP ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change	Addition
THLE NAME STREET ADDRESS CATY-ST, ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. ND DIRECTORS DELE	(NOTE: Regis 1 1 1 1 1 1 1 2 2 2 TE 3	stered Age 131 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE	ADDRESS T-ZIP ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change	Addition
THLE NAME STREET ADDRESS CATY-ST, ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agent and title if applicable. NDD DIRECTORS DELE	(NOTE: Regist 1	stered Age 131 TITLE .2 NAME .3 STREET .4 CITY-S .4 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE .3 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change	Addition
THLE NAME STREET ADDRESS C-TY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agent and title if applicable. NDD DIRECTORS DELE	(NOTE: Regis	STREET 4 CITY-S 5 STREET 4 CITY-S 5 STREET 6 CANAME 6 STREET 7 STREET 7 STREET 7 STREET 8 STREET 8 STREET 8 STREET 8 STREET 8 STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change	Addition
THLE NAME STREET ADDRESS C-TY-ST-ZIP THLE NAME STREET ADDRESS C-TY-ST-ZIP THLE NAME STREET ADDRESS C-TY-ST-ZIP THLE STREET ADDRESS C-TY-ST-ZIP	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NDD DIRECTORS DELE DELE	(NOTE: Regis	STREET A CITY-S STREET STREET A CITY-S STREET STREET STREET STREET STREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change	Addition Addition
THLE NAME STREET ADDRESS C-TY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP THLE THLE THLE THLE THLE THLE THLE THLE	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agent and title if applicable. NDD DIRECTORS DELE	(NOTE: Regis 1 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 1 1 3 3 3 3	STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change	Addition Addition
THLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NDD DIRECTORS DELE DELE	(NOTE: Regis	STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change	Addition Addition
THLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NDD DIRECTORS DELE DELE	(NOTE: Regis	STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NDD DIRECTORS DELE DELE	(NOTE: Regis 1 1 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 1 1 3 3 3 3	BILLING AGE 13. 11 TITLE 2 NAME 3 STREET 4 CITY-S 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 4 CITY-S 3 TITLE 5 NAME 5 NAME 6	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change	Addition Addition
THLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NND DIRECTORS DELE DELE DELE	(NOTE: Regis 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BILLING AGE 13. 11 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 3 STREET 4 CITY-S 1 TITLE 12 NAME 13 STREET 14 CITY-S 15 TITLE 12 NAME 13 STREET 14 CITY-S 15 TITLE 16 A CITY-S 17 TITLE 18 NAME 18 STREET 18 A CITY-S 18 TITLE 18 CITY-S 18 TITLE 18 CITY-S 18 TITLE 18 CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NND DIRECTORS DELE DELE DELE	(NOTE: Replie 1	STREET A CITY-S TITLE STREET A CITY-S TITLE SA CITY-S TITLE A CITY	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agoni and title if applicable. NND DIRECTORS DELE DELE DELE	(NOTE: Regis 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STREET A CITY-S TITLE STREET A CITY-S TITLE SA CITY-S TITLE A CITY	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change Change Change	Addition Addition Addition
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agont and title if applicable. NND DIRECTORS DELE DELE DELE	(NOTE: Replie 1	STREET A CITY-S TITLE STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME A CITY-S TITLE NAME A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME A CITY-S TITLE NAME NAM	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change Change	Addition Addition Addition
THLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agoni and title if applicable. NND DIRECTORS DELE DELE DELE	(NOTE: Replie 1	STREET A CITY-S TITLE STREET A CITY-S TITLE SA CITY-S TITLE A CITY-S	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change Change Change	Addition Addition
THE NAME STREET ADDRESS CITY-ST-ZIP THE	OFFICERS A D LEET, TERENCE S. 812 SEVARD AVENUE CLEARWATER FL	agoni and title if applicable. NND DIRECTORS DELE DELE DELE	(NOTE: Replie 1	STREET A CITY-S TITLE NAME STREET NAME STREET ST	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	ired when reinstating)	- 1	DATE ERS AND	DIRECTOR Change Change Change Change	Addition Addition Addition

14. I do hereby certify that the information supplied with his filing does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report are 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 gorg iration 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 chapter 6, or or a state of the configuration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ite Daytime Phon