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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K67041 (9)
1. Corporation Name
LESCHER & MAHONEY, INC.



Principal Place of Business Mailing Address
% STAN MERADITH % STAN MERADITH
1509 W SWANN AVE #240 1509 W SWANN AVE #240
TAMPA FL 33606 TAMPA FL 33606-2557

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1989		05/01/1996	
22 601 WEST SWANN AVENUE		27 City & State		4. FEI Number		Applied For	
23 TAMPA FL		28 City & State		47-0708506		Not Applicable	
24 Zip		25 Country		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
33606-2727		29 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 Country		Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MERADITH, STAN 1509 W. SWANN AVE. SUITE 240 TAMPA FL 33606				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				601 WEST SWANN AVENUE			
				83 (CHANGE OF ADDRESS)			
				84 City			
				FL 85 Zip Code			
				33606-2727			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERADITH, STAN			1.2 NAME			
STREET ADDRESS	1509 W. SWANN AVE. S 240			1.3 STREET ADDRESS	601 WEST SWANN AVENUE		
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	TAMPA FL 33606-2727		
TITLE	VPSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROUBAL, JAMES P.			2.2 NAME			
STREET ADDRESS	1509 W. SWANN AVE.			2.3 STREET ADDRESS	601 WEST SWANN AVENUE		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	33606-2727		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAINES, JOE			3.2 NAME			
STREET ADDRESS	1509 W SWANN AVENUE			3.3 STREET ADDRESS	601 WEST SWANN AVENUE		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	33606-2727		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RISKOWSKI, JIM			4.2 NAME			
STREET ADDRESS	1509 W SWANN AVENUE			4.3 STREET ADDRESS	601 WEST SWANN AVENUE		
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP	33606-2727		
TITLE	C	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROUBAL, JAMES P.			5.2 NAME			
STREET ADDRESS	1509 W SWANN AVENUE			5.3 STREET ADDRESS	601 WEST SWANN AVENUE		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	33606-2727		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP							

14. I do hereby certify that the information supplied with this report is true and correct. I further certify that the information indicated on this annual report of supervision is true and correct. I am an officer or director of the corporation and my signature shall have the same legal effect as if made under oath; that appears in Block 12 or Block 13 if change is required by Chapter 607, Florida Statutes; and that my name

CR2E034 (9/96)