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CORPORATION ANNUAL REPORT



ELORIDA DE PARTMENT DE STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

LEO'S MASONRY, INCORPO	0950 (4) Drated		.	
rinopal Place of Business 6930 SABLE RIDGE LANE NAPLES FL 33999	Mailing Address  6930 SABLE RIDGE L	ANE	I IOO IORA EST INIT OUTIO RAND BANK	1114 01141 01841 1414 0104 0184 01011 14 <b>0</b> 11
MATLES FL 30333	NAPLES FL 33999		3. Date Incorporated or Qualified	3a. Date of Last Report
			04/10/1989	12/01/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite: Apt. #, etc.	Suite, Apt #, etc.		65-0101030	Not Applicable
	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Dty & State	City & State		6. Election Campaign Financing	\$5.00 May Be
, · · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
2η   Country   <b>25</b>	Zip 29	Country	8. This corporation has liability for	
	Current Registered Agent	30	Florida Statutes Yes  10. Name and Address of New F	No
		81 Name		ogiotorou Agent
ADRAGNA, LEONARDO		82 Street Ad	Address (P.O. Box Number is Not Acceptable)	
6930 SABLE RIDGE LA		GZ GUOCE AG	odress (F.O. trox normost is Not Acceptable)	
NAPLES FL FL 33999		83		
		B4 City		85 Zip Code
L. Pursuant to the provisions of Sections 63	07.0000 1.007.45.00 - 51.00			FI III
Tomati with, and accept the bengations a	of, Section 607.0505, Florida Statute	S.	oration submits this statement for the put and of directors. Thereby accept the app	Dintment as registered agenit. I am
SNATURE Separate typed or an fed non-orange to OFFICE	end ap it and blic mappingstall N RS AND DIRECTORS	Ote: Bug stered Agent signature require 13.		DATE ICERS AND DIRECTORS IN 12
SNATURE Street or by and or by the discovering to OFFICE	end ap it and bits it applicable (N) RS AND DIRECTORS	Oth Registered Agent separative responsible  13. 1   Title	red ක්රූ මේ වේක්වෙල්	DATE
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STATURE SUPPLIES THE OF DESCRIPTION OF FIGURE 1 ADDRESS HEADINGS STATE	ens and the disposition in PERFE	Oth Registered Agent separative responsible  13. 1   Title	red ක්රූ මේ වේක්වෙල්	DATE ICERS AND DIRECTORS IN 12 Change Addition
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out. That I am an officer or director of 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 out. That I am an officer or director of this 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. SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR