FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K96477** **(0)**

1. Corporation Name

LEADERSCAPE, INC.

Principal Place of Business	Mailing Address
4680 DOLPHIN DRIVE LAKE WORTH FL 33463	4680 DOLPHIN DRIVE LAKE WORTH FL 33463

3. Date Incorporated or Qualified: **06/16/1989**

3a. Date of Last Report: **11/02/1995**

2. Principal Place of Business
21 1021 S. ROGERS CIRCLE
Suite, Apt. #, etc.
22 SUITE B
City & State
23 BOCA RATON, FL
Zip 24 33487 Country 25 PALM BEACH

2a. Mailing Address
26 4680 DOLPHIN DRIVE
Suite, Apt. #, etc.
27
City & State
28 LAKE WORTH, FL
Zip 29 33463 Country 30 PALM BEACH

4. FEI Number: **65-0147655** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLEWS, LORNA
4680 DOLPHIN DRIVE
LAKE WORTH FL 33463

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, 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: LORNA CLEWS, CEO DATE: 5/30/96

12. OFFICERS AND DIRECTORS

TITLE	CM	☐ DELETE
NAME	CLEWS, LORNA	
STREET ADDRESS	4680 DOLPHIN DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	PD	☐ DELETE
NAME	CLEWS, JAMES	
STREET ADDRESS	4680 DOLPHIN DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	500001852949 -06/06/96--01016--023 ***225.00	☐ Change ☐ Addition
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 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: LORNA CLEWS 5/30/96 (407) 241-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)