

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 # L02177 (8)

1. Corporation Name
JEAN LEAH, INC.



Principal Place of Business

6271 NW 58TH WAY
PARKLAND FL 33067

Mailing Address

6271 NW 58TH WAY
PARKLAND FL 33067-4463
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

BOYD, CARGILL P.
6271 NW 58TH WAY
PARKLAND FL 33067

3. Date Incorporated or Qualified
07/14/1989

3a. Date of Last Report
04/21/1995

4. FET Number
65-0131046

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when removing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPS
BOYD, CARGILL P.
6271 NW 58TH WAY
PARKLAND FL 33067

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
BOYD, CARGILL P.
6271 NW 58TH WAY
PARKLAND FL 33067

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

Change Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP

Change Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP

Change Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP

Change Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP

Change Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

Change Addition

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY- ST- ZIP

Change Addition

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY- ST- ZIP

Change Addition

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY- ST- ZIP

Change Addition

37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY- ST- ZIP

Change Addition

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP

Change Addition

45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY- ST- ZIP

Change Addition

49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY- ST- ZIP

Change Addition

53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY- ST- ZIP

Change Addition

57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY- ST- ZIP

Change Addition

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

Change Addition

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)(k), 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:

Cargill P. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

954 344 8115

(Fax)

Daytime Phone

CR2E034 (12/95)