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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L78452

(4)

Suite, Apt. #, etc

LEEWOOD, INC.

Suite, Apt. #, etc.

Principal Place of Business Mailing Address C/O JOSEPH M. MASON, JR. C/O JOSEPH M. MASON, JR. 101 SOUTH MAIN ST. 101 SOUTH MAIN ST. DO NOT WRITE IN THIS SPACE **BROOKSVILLE FL 34601** BROOKSVILLE FL 34801 3. Date Incorporated or Qualified 06/04/1990 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 22-305 1950 21 26

Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Country Zip Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **R1** Name MASON, JOSEPH M., JR. 101 SOUTH MAIN ST. Street Address (P.O. Box Number Is Not Acceptable) 82 **BROOKSVILLE FL 34601** 83

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.

City

SIGNATURE Signature typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change 1.1 TOTLE TITLE JUN, MICHAEL C. NAME 1.2 NAME 6918 REMINGTON RD. STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP D DELETE Chapne Addition TITLE 2.1 TITLE JUN, JENNY S. 22 NAME NAME 6918 REMINGTON RD. STREET ADDRESS 2.3 STREET ADDRESS **BROOKSVILLE FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME W STREET ADDRESS 5.3 STREET ADDRESS 3a\ CITY-ST-ZIP 5.4 CITY-ST-ZIP 4000024668**0**4hange -03/24/98--01051--007 DELETE Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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.

3/12/40

FILED

Mar 24 1998 8:00am

Secretary of State

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Zip Code

(10/97

CRZE034

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Not Applicable