

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 5:21

DOCUMENT # **M52897**

(9)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name:

S. S. LEIGH, INC.

Principal Place of Business:

**2233 S UNIVERSITY DR.
FT LAUDERDALE FL 33324**

Mailing Address:

**2233 S UNIVERSITY DR.
FT LAUDERDALE FL 33324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		28. Mailing Address		3. Date Incorporated or Qualified 05/29/1987		38. Date of Last Report 05/01/1994	
21. State, Apt. # etc.		26. State, Apt. # etc.		4. FEI Number 59-2808548		Applied For Not Applicable	
22. City, State		27. City, State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City, State		28. City, State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City, State		29. City, State		8. This corporation has liability for information tax under Chapter 407, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

**LEIGH, SANDRA C.
501 SE 6TH AVE
#310
FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. City	FL
85. Zip Code	

11. I, the undersigned, the principal officer or director of the above named corporation, hereby certify for the purpose of changing its registered office to the principal place of business 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 407, Florida Statutes.

SIGNATURE: _____

By the registered agent, please sign and print name: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	DP LEIGH, SANDRA 501 SW 6TH AVE #310 FT LAUDERDALE FL	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	☐ Change ☐ Addition
4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	DV LEIGH, STEVEN 501 SE 6TH AVE ##) FT LAUDERDALE FL	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	☐ Change ☐ Addition
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP		7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP		10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	☐ Change ☐ Addition
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP		13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP		16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 407(2)(b), 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 registered or transfer agent empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra C. Leigh, President
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
SANDRA C. LEIGH, President

4/29/95 305-474-1074
Date of Filing