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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

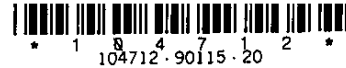
DOCUMENT # N97000005833

1. Corporation Name

FBI - LEEDA, INC.

Principal Place of Business
9917 HWY 39 SOUTH
LITHIA FL 33547

Mailing Address
P. O. BOX 1588
PLANT CITY FL 33564-1588



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. BOX 655

27 Suite, Apt. #, etc.

28 City & State
LITHIA, FL.

29 Zip Country
33547-655 USA

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

36-3885342

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

9. Name and Address of Current Registered Agent

SURRENCY, TROY E
9917 HWY 39 SOUTH
LITHIA FL 33547

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

Ex. Dir.
(NOTE: Registered Agent signature required when reinstating)

JANUARY 9, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DOHERTY, STEPHEN
STREET ADDRESS ONE UNION ST
CITY-ST-ZIP WAKEFIELD MA 01880

TITLE VP ☐ DELETE
NAME STONE, THOMAS
STREET ADDRESS 235 AIRY ST
CITY-ST-ZIP NORRISTOWN PA 19401

TITLE VP ☐ DELETE
NAME TAYLOR, RICHARD L
STREET ADDRESS 1270 WHITE HORSE AVE
CITY-ST-ZIP HAMILTON NJ 08619

TITLE ST ☐ DELETE
NAME SURRENCY, TROY
STREET ADDRESS 9917 HWY 39 S
CITY-ST-ZIP LITHIA FL 33457

TITLE D ☐ DELETE
NAME SCHARF, LLOYD
STREET ADDRESS ONTARIO, CALIF
CITY-ST-ZIP ONTARIO CA 91764

TITLE D ☐ DELETE
NAME SETTER, RICHARD
STREET ADDRESS 14600 MINNETONKA BLVD
CITY-ST-ZIP MINNETONKA MI 55345

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME TOM STONE
1.3 STREET ADDRESS 3 JOSEPH DR.
1.4 CITY-ST-ZIP NORRISTOWN, PA. 19401

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME RICHARD TAYLOR
2.3 STREET ADDRESS 444 EXTONVILLE RD.
2.4 CITY-ST-ZIP HAMILTON, N.J. 08501

3.1 TITLE VP ☒ Change ☐ Addition
3.2 NAME LLOYD SCHARF
3.3 STREET ADDRESS 3364 ROCKY WAY
3.4 CITY-ST-ZIP ONTARIO, CALIF. 91761

4.1 TITLE EX DIR, SEC TRES ☒ Change ☐ Addition
4.2 NAME TROY SURRENCY
4.3 STREET ADDRESS 9917 HWY 39 SO.
4.4 CITY-ST-ZIP LITHIA, FL. 33547

5.1 TITLE DIR ☒ Change ☐ Addition
5.2 NAME WADE SETTER
5.3 STREET ADDRESS 5641-88th CRESCENT CIRCLE NO.
5.4 CITY-ST-ZIP BROOKLYN PARK, MN. 55443

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME STEPHEN DOHERTY
6.3 STREET ADDRESS 22 YORK AVE.
6.4 CITY-ST-ZIP WATERTOWN, MA 02472

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.05(3)(b), Florida Statutes. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Troy E. Surrency
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99 813 737-3455
Date Daytime Phone #

CR2E037 (11/98)