

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

05 MAY - 1 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P93000070955 (8)**  
1. Corporation Name  
**LEOPAT, INC.**

Principal Place of Business: RT. 2, BOX 2090, BELL FL 32619 US  
Mailing Address: FIXEL & LA ROCCO, ATTORNEYS AT LAW, 3850 HOLLYWOOD BLVD., SUITE 204, HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 10/06/1993  
3a. Date of Last Report: 07/12/1994  
4. FEI Number: 65-0484198  
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 C. 190.005, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**NEWMARK, TRACY B  
FIXEL & LA ROCCO  
3850 HOLLYWOOD BLVD., SUITE 204  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COOK, LEO D. J
STREET ADDRESS	RT. 2, BOX 2090 N/A
CITY - ST - ZIP	BELL FL
TITLE	V
NAME	DUDEK, JOSEPH
STREET ADDRESS	RT. 2, BOX 2090 N/A
CITY - ST - ZIP	BELL FL
TITLE	ST
NAME	COOK, PATTI L
STREET ADDRESS	RT 2 BOX 2090
CITY - ST - ZIP	BELL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

**REMITTED MAY 1**

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 110.07(3)(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 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 21 if changed, or on an attachment with an address.

SIGNATURE: Patti L. Cook PATTI L. COOK  
Date: 4-26-95 (904) 493-1444