

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

FILED

**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		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 33021-6700
--	--

3. Date Incorporated or Qualified 10/06/1993	3a. Date of Last Report 04/08/1996
4. FEI Number 65-0484198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3459 N.W. 70 WAY Suite Apt. # etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 BELL, FL	27 City & State 28
24 Zip 32619	25 Country GILCHRIST

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 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COOK, LEO D. J	
STREET ADDRESS	RT. 2, BOX 2090 N/A	
CITY - ST - ZIP	BELL FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DUDEK, JOSEPH	
STREET ADDRESS	RT. 2, BOX 2090 N/A	
CITY - ST - ZIP	BELL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COOK, PATTI L	
STREET ADDRESS	RT 2 BOX 2090	
CITY - ST - ZIP	BELL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COOK, LEO D. J	
1.3 STREET ADDRESS	3459 N.W. 70 WAY	
1.4 CITY - ST - ZIP	BELL, FL 32619	
2.1 TITLE	V S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COOK, PATTI L.	
2.3 STREET ADDRESS	3459 N.W. 70 WAY	
2.4 CITY - ST - ZIP	BELL, FL 32619	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE: *Leo D. J. Cook* *PATTI L. COOK* **3-31-97** **(352) 463-3046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)