

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081417 (6)**

1. Corporation Name

SIGNLEADER INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1105 MARTIN DOWNS BLVD. PALM CITY FL 34990**
Mailing Address: **1105 MARTIN DOWNS BLVD. PALM CITY FL 34990**

3. Date Incorporated or Qualified: **11/19/1993**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business

21 State, Apt #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address

26 State, Apt #, etc. 27 City & State 28 Zip Country 29 30

4. FEI Number: **65-0459558**
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**

6. This corporation has liability for intangible tax under S. 197.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**FLEMING, JOHN
1105 MARTIN DOWNS BLVD.
PALM CITY FL 34990**

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 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

(Signature) (Print or Typed Name of Registered Agent and Title) (Date)

(Signature) (Print or Typed Name of Registered Agent and Title) (Date)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	FLEMING, JOHN
STREET ADDRESS	1105 MARTIN DOWNS BLVD.
CITY ST ZIP	PALM CITY FL 34990
TITLE	D
NAME	FLEMING, NANCY
STREET ADDRESS	1105 MARTIN DOWNS BLVD.
CITY ST ZIP	PALM CITY FL 34990
TITLE	D
NAME	ELGERT, RICHARD D
STREET ADDRESS	1105 MARTIN DOWNS BLVD.
CITY ST ZIP	PALM CITY FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11	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	

*No longer with company
Effective 1/17/95*

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 119.07(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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am not an officer or director of the corporation.

SIGNATURE:

John Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-2495

407-270-7166