

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000081417 (6)

1. Corporation Name  
**SIGNLEADER INC.**



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: 04/28/1995

2. Principal Place of Business  
21 1255 SW Thelma Street  
22 Suite, Apt. #, etc.  
23 City & State: Palm City, FL  
24 Zip: 34990  
25 Country: USA  
26 Mailing Address: 1255 SW Thelma Street  
27 Suite, Apt. #, etc.  
28 City & State: Palm City, FL  
29 Zip: 34990  
30 Country: USA

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  
8. This corporation has liability for intangible tax under s. 199.032, 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: John Fleming, 82 Street Address: 1255 SW Thelma Street, 83, 84 City: Palm City, FL, 85 Zip Code: 34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, JOHN	1.2 NAME	John Fleming
STREET ADDRESS	1105 MARTIN DOWNS BLVD.	1.3 STREET ADDRESS	1255 SW Thelma Street
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, NANCY	2.2 NAME	Nancy Fleming
STREET ADDRESS	1105 MARTIN DOWNS BLVD.	2.3 STREET ADDRESS	1255 SW Thelma Street
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: *Nancy Fleming, VP* 4/16/96 407-220-7966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Last) Day/Time Phone #

CR2E034 (12/95)