

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

FILED

Jan 16 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 # P93000081417 (6)

1. Corporation Name:
SIGNLEADER INC.



Principal Place of Business
**1255 SW THELMA STREET
PALM CITY FL 34990
US**

Mailing Address
**1255 SW THELMA STREET
PALM CITY FL 34990-3366
US**

3. Date Incorporated or Qualified: **11/19/1993**
3a. Date of Last Report: **04/22/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **65-0459558**
Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEMING, JOHN
1255 SW THELMA STREET
PALM CITY FL 34990**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **P** DELETE
NAME: **FLEMING, JOHN**
STREET ADDRESS: **1255 SW THELMA STREET**
CITY-ST-ZIP: **PALM CITY FL**

11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE: **V** DELETE
NAME: **FLEMING, NANCY**
STREET ADDRESS: **1255 SW THELMA STREET**
CITY-ST-ZIP: **PALM CITY FL**

21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
64 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:

Nancy Fleming, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-220-7966

CR2E034 (9/96)