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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000035620

LEEDS HOLDINGS, INC.										
										((
Principal Place	of Business		M	lailing Address	_		w- <u>u</u>	<u> </u>		I (KOKI OBKI IDAL
				00 Summit Tower Blo	ng					
1900 SUMMIT TOWER BLDG 1900 SUMMIT TOWER BLDG #260 260					,,					
ORLANDO FL 32810 ORLANDO FL 32810								DO NOT WRITE IN THIS 3. Date incorporated or Qualifed	SPACE	
US			US	•	•			3. Date incorporated or Qualified 05/09/1994		
2. Principal Pl	lace of Busin		22	, Mailing Address				4. FEI Number	Ā	oplied For
21	1000 01 00001	000	26	,g				59-3334290	No.	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional equired
				City & State				6. Election Campaign Financing	\$5.00	May Be
23			28	28				Trust Fund Contribution		to Fees
Zip	_	Country		Zip	Cou	ntry		8. This corporation owes the current year In		
24		25	29		30			Personal Property Tax.	Yes	□No
	g, Name	and Address of C	Current Regi:	stered Agent		81	Name	10. Name and Address of New Registered	Ageni	
HOW	vard B. Le	FKOWITZ						(D.O. O. Muschania Mat Association)		
1900 SUMMIT TOWER BLVD						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE 260						83				
ORLANDO FL 32810						84	City	=1	85 Zip	Code
				007.4500 Et 11.01.4				FL		registered
l office or re	enistered and	ent or both in the	State of Flori	507.1508, Florida Statu ida. Such change was a f, Section 607.0505, Flo	autnonzea	I DV TI	named corpo he corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	iii iaiiiiiai wii	in, and accept the	obligation o	,, 000,0011 00110000, 711						
L	Signature, typed	or printed name of registe				Agent	signature required	d when reinstating) DATE	ID DIDEOT	200 (1) 42
12.	DED	OFFICE	RS AND DIRI	ECTORS DELETE	13.	пЕ	-	ADDITIONS/CHANGES TO OFFICERS A	UD DIRECTO Change	□ Addition
TITLE	PSD	TZ HOWADD R								_
NAME STREET ADDRESS	LEFKOWITZ, HOWARD B 1900 SUMMIT TOWER BLVD., STE. 260					1.2 NAME 1.3 STREET ADDRESS				l l
CITY-ST-ZIP			VD STE 2)60 			ADORESS			
			.VD., STE. 2	260	1.3 ST	REET	•			
I IIILE I	UKLANDO) FL 32810	.VD., STE. 2	260 □ DELETE	1.3 ST	reet/ ty-st-	•		☐ Change	☐ Addition
TITLE NAME	UKLANDO		.VD., STE. 2		1.3 ST	REET/ TY-ST- TLE	•		☐ Change	Addition
NAME STREET ADDRESS	ORLANDO		.VD., STE. 2		1.3 ST 1.4 CF 2.1 TF 2.2 NA	REET/ TY-ST- TLE WIE	•		☐ Change	☐ Addition
NAME	URLANDO		.vd., ste. 2		1.3 ST 1.4 CF 2.1 TF 2.2 NA	REET/ TY-ST- TLE WIE REET/	-ZIP ADDRESS			_
NAME STREET ADDRESS	ORLANDO		.VD., STE. 2		1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST	REET/ IY-ST- ILE WME REET/ ITY-ST	-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO		.vd., ste. 2	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	REET/ TY-ST- TLE WE REET/ TY-ST	-ZIP ADDRESS			_
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO		.vd., ste. 2	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	REET/ IY-ST- ILE WE REET/ ITY-ST ILE	-ZIP ADDRESS			_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO		.vd., ste. 2	☐ DELETE	1.3 ST 1.4 CH 2.1 TH 2.2 NA 2.3 ST 2.4 CH 3.1 TH 3.2 NA 3.3 ST 3.4 CH	REET/ IY-ST- ILE WME REET/ ITY-ST ILE WME TREET/	ADDRESS ZIP ADDRESS ADDRESS	,	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDO		.vd., ste. 2	☐ DELETE	1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII	REET/ IY-ST- ILE IREET/ ITY-ST ILE IREET/ ITY-ST ILE ITY-ST ITY-ST ILE	ADDRESS ZIP ADDRESS ADDRESS			_
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14. I 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 mustey empreciate to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an argain perit with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: