

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000072545 (4)**

95 JUN 12 AM 9: 04

**LEADER FINANCIAL CORPORATION**

Principal Place of Business <b>5506 N. CHEROKEE AVE. TAMPA FL 33604</b>	Mailing Address <b>5506 N. CHEROKEE AVE. TAMPA FL 33604</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/03/1994</b>	3a. Date of Last Report <b>10/3/94</b>
21 <b>13311 WINDING OAK CT.</b>	26 <b>P.O. BOX 270560</b>			4. FEI Number <b>59-3271081</b>	Applied For <input type="checkbox"/>
22 <b>SUITE B</b>	27			5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>TAMPA, FL</b>	28 <b>TAMPA FL</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33612</b>	25 <b>USA</b>	29 <b>33688-0569</b>	30 <b>USA</b>	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KLEIN, MAURA</b> <b>5506 N. CHEROKEE AVE.</b> <b>TAMPA FL 33604</b>				81 Name	<b>MAURA KLEIN</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>13311 WINDING OAK CT</b>		
				83	<b>SUITE B</b>		
				84 City	<b>TAMPA</b>	85 State	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0507, Florida Statutes.

SIGNATURE: *Maura Klein* DATE: **5/31/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLEIN, MAURA</b>	1.2 NAME	<b>NORREN KLEIN</b>
STREET ADDRESS	<b>5506 N. CHEROKEE AVE.</b>	1.3 STREET ADDRESS	<b>13311 WINDING OAK CT, STE. B</b>
CITY- ST- ZIP	<b>TAMPA FL 33604</b>	1.4 CITY- ST- ZIP	<b>TAMPA FL 33612</b>
TITLE		2.1 TITLE	<b>VP/TREAS/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>FLEDA J. BEIL</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>13311 WINDING OAK CT, STE. B</b>
CITY- ST- ZIP		2.4 CITY- ST- ZIP	<b>TAMPA FL 33612</b>
TITLE		3.1 TITLE	<b>VP/SEC/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>MAURA KLEIN</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>13311 WINDING OAK CT, STE "B"</b>
CITY- ST- ZIP		3.4 CITY- ST- ZIP	<b>TAMPA FL 33612</b>
TITLE		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		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		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 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 a 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, changed, or on an attachment with an address.

SIGNATURE: *Maura Klein* DATE: **5/31/95** TELEPHONE: **813-935-1992**