

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000072545 (4)

1. Corporation Name

LEADER FINANCIAL CORPORATION



Principal Place of Business

13311 WINDING OAK CT.  
STE B  
TAMPA FL 33612  
US

Mailing Address

P O BOX 270560  
TAMPA FL 33688-0560  
US

2. Principal Place of Business

21 13302 WINDING OAK CT.  
Suite, Apt. #, etc.

22 SUITE A

City & State

23 TAMPA FL 33612

Zip

24 33612

Country

25 USA

2a. Mailing Address

26 P.O. Box 270560  
Suite, Apt. #, etc.

27 TAMPA FL 33688-0560

City & State

28 TAMPA FL 33688-0560

Zip

29 33688-0560

Country

30 USA

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

06/12/1995

4. FEI Number

59-3271081

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

KLEIN, MAURA  
13311 WINDING OAK CT.  
STE B  
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name KLEIN, MAURA  
82 Street Address (P.O. Box Number is Not-Acceptable)  
13302 WINDING OAK CT,  
SUITE A  
83  
84 City TAMPA FL 85 Zip Code 33612

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

TITLE VP/D ☐ DELETE

NAME KLEIN, MAURA  
STREET ADDRESS 13311 WINDING OAK CT STE B  
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE

NAME KLEIN, NOREEN  
STREET ADDRESS 13311 WINDING OAK CT STE B  
CITY-ST-ZIP TAMPA FL

TITLE VPTD ☐ DELETE

NAME BEIL, FREDA J  
STREET ADDRESS 13311 WINDING OAK CT  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D ☒ Change ☐ Addition

1.2 NAME KLEIN, MAURA  
1.3 STREET ADDRESS 13302 WINDING OAK CT, SUITE A  
1.4 CITY-ST-ZIP TAMPA FL 33612

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME KLEIN, NOREEN  
2.3 STREET ADDRESS 13302 WINDING OAK CT, SUITE A  
2.4 CITY-ST-ZIP TAMPA FL 33612

3.1 TITLE VPTD ☐ Change ☐ Addition

3.2 NAME BEIL, FREDA J  
3.3 STREET ADDRESS 13302 WINDING OAK CT, SUITE A  
3.4 CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)