

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

2a. Mailing Address

25 P.O. Box 270560

22 SUITE A

27 Suite, Apt. #, etc.

23 TAMPA FL 33612

28 TAMPA FL 33688-0560

24 33612 25 USA

29 33688-0560 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,
83 SUITE A
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	VPSD	<input type="checkbox"/> DELETE
NAME	KLEIN, MAURA	
STREET ADDRESS	13311 WINDING OAK CT STE B	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLEIN, NOREEN	
STREET ADDRESS	13311 WINDING OAK CT STE B	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	BEIL, FREDA J	
STREET ADDRESS	13311 WINDING OAK CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-96

Date

Daytime Phone #

CR2E034 (12/95)