

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000094365 (1)**
1. Corporation Name:

LEO MAY ENTERPRISES, INC.



Principal Place of Business 8770 S.W. 51ST ST. MIAMI FL 33165	Mailing Address 8770 S.W. 51ST ST. MIAMI FL 33165
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1994	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent DIANNE M. COE CPA 10850 SW 170 ST MIAMI FL 33157				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE: _____				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				83. _____	
DATE: _____				84. City	
				FL 85. Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11. TITLE	
NAME	MAY, LEO G	12. NAME	
STREET ADDRESS	8770 S.W. 51ST ST.	13. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	
NAME	MAY, VALERIE M	22. NAME	
STREET ADDRESS	8770 S.W. 51ST ST.	23. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	24. CITY-ST-ZIP	
TITLE	TRES	31. TITLE	
NAME	COE, DIANE M.	32. NAME	
STREET ADDRESS	10850 SW 170 TR	33. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34. CITY-ST-ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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 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 in an attachment with an address.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11. TITLE	
NAME	MAY, LEO G	12. NAME	
STREET ADDRESS	8770 S.W. 51ST ST.	13. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	
NAME	MAY, VALERIE M	22. NAME	
STREET ADDRESS	8770 S.W. 51ST ST.	23. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	24. CITY-ST-ZIP	
TITLE	TRES	31. TITLE	
NAME	COE, DIANE M.	32. NAME	
STREET ADDRESS	10850 SW 170 TR	33. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34. CITY-ST-ZIP	
TITLE		41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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 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 in an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)