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 # P95000015049 (6

1. Corporation Name

LEON TECHNOLOGIES, INC.

LEGIT	COMPOCOLICO MO				
Principal Place	of Business	Mailing Address			il Chier tifict ditti gettr Glåle iett inn .
8300 N.W. 46 LAUDERDALE		8300 N.W. 46TH COURT LAUDERDALE FL 33351			
				3. Date Incorporated or Qualified 02/22/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 4556	NORTH HIATUS RE	26 4556 NORTH	e Herrus Rom	65-0646672	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 SUNR	USE FLORIDA	28 SUNRISE	FLORIDA_	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta	
24 333	51 25 USA	29 33351 3	OUSA	Florida Statutes Yes	
	Name and Address of Current	10. Name and Address of New Registered Agent			
			B1 Name	EON. DAW	
STEEL, LAURENCE A 82 Street Addres				EON, DAN ess (P.O. Box Number is Not Acceptable)	D
13907 N. DALE MABRY HIGHWAY				556 NORTH HIA	ITUS KOAD
SUITE 2	06		1		
TAMPA	FL 33618		84 City		85 Zip Code
			Table 1	UNRISE	FL " 33351
11. Pursuant	the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the above-named corpor	ration submits this statement for the purpord of directors. I hereby accept the appoin	ise of changing its registered office itment as registered agent. I am
or register	ed agent, of both, in the state of Fights h, and accept the obligations of, Section	a. Such change was authorized in 607.0505, Florida Statutes.	DANIFI	FON	// 0 = = 6
SIGNATURE	Clane toon	<i>)</i>	PRESIDE Registered Agent signature require	NT	4-25-96
SIGNATURE	Signature, typed or printed name of registered agent a	To the triuppinesson.		d Writen reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	Chance Addition
1ITLF	P	DELETE			Orientee
NAME	LEON, DAN			AUREN LEEN,	0 .
STREET ADDRESS	-8300 N.W. 4BTH COURT		1.3 STREET ADDRESS	556 NORTH HIAT	05 Ko + 8
CITY-ST-ZIP	-LAUDERDALE FL 33351	F	1.4 CITY-ST-ZIP	UNRISE, FLORIDA	S S S S Addition
TITLE		DEFETE	2 1 11120		Addition.
NAME		_	92 NAME	EON, DAN	0
STHEET ADDRESS			23 STREET ADDRESS	556 NORTH HIATU UNRISE, FLORIDA	S KOAD
CITY-ST-ZIP		F3 pc. 575	24 CITY-ST-ZIP 5	UNRISE, FLERIDA	Change Addition
TITLE		☐ DELETE	3 1 TITLE		C cumple C results
NAMÉ			3.2 NAME		!
STREET ADDRESS	Ì		3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		Change Addition
TITLE	1	☐ DELETE	4.1 TITLE		_ 5.5.45
NAME	ļ		4 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP		(T) NO FIE	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5. 1 THILE		_ c c
NAME			5.2 NAME		
STREET ADDRESS	1		5 3 STREET ADDRESS		

14. If 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 cath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 pr Block 13 if changed, or on a attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

STHEET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Do NAME OF SIGNING OFFICER OR

DELETE

DANIEL LEON PRESIDENT

4-25-96

954-572-8406

Change

☐ Addition

Daytime Prione #