

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000016263 (2)

1. Corporation Name

LESLIE & ASSOCIATES, INC.



Principal Place of Business

836 FORSYTH ST
BOCA RATON FL 33487

Mailing Address

836 FORSYTH ST
BOCA RATON FL 33487

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

4. FET Number

65-0563892

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

10. Name and Address of New Registered Agent

LESLIE, CHARLES A JR
836 FORSYTH ST
BOCA RATON FL 33487

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named registered agent on this statement

Signature of Registered Agent (Signature represents when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D/S/T	☐ DELETE
NAME	LESLIE, CHARLES A JR	
STREET ADDRESS	836 FORSYTH ST	
CITY-STATE-ZIP	BOCA RATON FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT, DIRECTOR	☐ Change ☒ Addition
2. NAME	MARILYN S. LESLIE	
3. STREET ADDRESS	836 FORSYTH ST	
4. CITY-STATE-ZIP	BOCA RATON, FL 33487	
5. TITLE	SECRETARY, TREASURER, DIRECTOR	☐ Change ☐ Addition
6. NAME	CHARLES A. LESLIE, JR	
7. STREET ADDRESS	836 FORSYTH ST	
8. CITY-STATE-ZIP	BOCA RATON, FL 33487	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-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

5/1/96

407-997-0450

CR2E034 (12/95)