

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

FILED
May 13 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 # P95000026715 (9)

1. Corporation Name

LEAF GOBBLERS, INC.



Principal Place of Business

Mailing Address

6255 FOSTER STREET
PALM BEACH GARDENS FL 33418

6255 FOSTER STREET
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	15816 87th Trail North	26	15816 87th Trail North
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Palm Beach Gardens, FL	28	Palm Beach Gardens, FL
Zip	Country	Zip	Country
24	33418	25	FL
29	33418	30	FL

3. Date Incorporated or Qualified	
04/04/1995	
4. FEI Number	Applied For
65-0568589	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	KATHY J. BELL	1.2 NAME	Kathy J Bell
STREET ADDRESS	6255 FOSTER ST.	1.3 STREET ADDRESS	15816 87th Trail North
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	P.B.G. FL 33418
TITLE	ST	2.1 TITLE	Sec
NAME	KATHY J. BELL	2.2 NAME	Kathy J Bell
STREET ADDRESS	6255 FOSTER ST.	2.3 STREET ADDRESS	15816 87th Trail North
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	PBG FL 33418
TITLE	VP	3.1 TITLE	VP
NAME	BRUCE L. BELL	3.2 NAME	Bruce L Bell
STREET ADDRESS	6255 FOSTER ST.	3.3 STREET ADDRESS	15816 87th Trail North
CITY-ST-ZIP	PALM BEACH GARDENS FL	3.4 CITY-ST-ZIP	PBG FL 33418
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: *Kathy J. Bell, President* 4/27/98 561-575-1885

CR2E034 (10/97)