

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000040938 (9)

1. Corporation Name

LEONARD, MCENTEE & CO., INC.

Principal Place of Business

130 LUDLOW DRIVE  
LONGWOOD FL 32779

Mailing Address

130 LUDLOW DRIVE  
LONGWOOD FL 32779-4611

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3315904

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

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

Signature of officer or person in charge of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
LEONARD, E. BARRY  
2164 TURNBERRY DR  
OMEDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTD  
MCENTEE, MICHAEL E  
130 LUDLOW DRIVE  
LONGWOOD FL 32779

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD  
LEONARD, RHONDA  
2164 TURNBERRY DR  
OMEDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

PD  
LEONARD, E. BERRY  
8624 VILLA PT. DR. #124  
ORLANDO, FL 32810

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

SD  
LEONARD, RHONDA  
8624 VILLA PT. DR. #124  
ORLANDO, FL 32810

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do 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:

*Michael E. McEntee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL E. MCENTEE

*Jan. 7, 1997* 407-869-9598  
DATE Daytime Phone

CR2E034 (9/96)