		ING FEE AFT	ER MAY 1 IS \$22		7AM]	FILED
•	CORPORATION		FLORIDA DEPARTMEN Jim Smith	T OF STATE	Sep 23 1998 8:00an	
	ANNUAL REPORT		Secretary of St	ate		
• 1	95	C. LEE	DIVISION OF CORPC	RATIONS	Secre	etary of State
1. Corporation Name LEADER HOME REPAIRS UNLIMITED INC.				IENT#		
3500 SO UTH ST. TITUSVILLE FL. P950				180		
Malling Address 3500 SOUTH STREET Principal Place of Business 3500 SOUTH STREET						•
TITUSVILLE, FLORIDA TITUSVILLE, FLORIDA						
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
If above addresses are incorrect in any way, line through incorrect information and enter correct. 2. Malling Address 2a. Principal Place of Business				rection below.	07/11/95 4. FEI Number	4/27/98 Applied For
same as above 28 same as above					59-3320839	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Election Campaign Financing Trust
27					\$8.75 Add honal Let Heq 7. Nonprofit Exempt from \$138.	Fund Contribution
23	f	26	·		Supplemental Fee	55.00 May Be Added to Fees
Zip 24	25 Count	29	30	ountry	8. This corporation has liability to Florida Statutes	or Intangible ta x under \$, 199.032, es No
	9. Name and Addr	ess of Current Regis	tered Agent	81 Name	10. Name and Address of New	Registered Agent
BANNISTER, JAMES C.						3 .
. 3500 ŞQ UTH STREET (82 Street Addres	ss (P.O. Box Number is Not Accept	able)
TITUSVILLE, FLORIDA 32780				83		
		•		84 City		85 Zip Code
11. Pursuant to	the provisions of Sec	ions 607.0502 and 60	7.1508 or Sections 617.0502 a	nd 617.1508, Florida	a Statutes, the above-named corpor	ration 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 or 617.0503, Florida Statutes.						
SIGNATURE	solderert Amerit Amerijan Am	normani &/TE Banatada	Agent signature required when reinstating		DATE_	· · · · · · · · · · · · · · · · · · ·
12.		OFFICERS AND DIREC		13.	CHANGES TO OFFICER	S AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME	PDADY MAY	'NE E		1.1 TITLE 1.2 NAME		
1.3 STREET ADDRESS	BRADY, WAY		The second second	1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	TITUSVILLE			1.4 CITY - ST - ZIP	DELETE THIS OFF	ICER _
2.1 TITLE	yP			2.1 TITLE		
2.2 NAME 2.3 STREET ADDRESS	BRADY, GER 2126 TRIES		•	2.2 NAME 2.3 STREET ADDRESS		•
2.4 CITY-ST-ZIP	MIMS FLOR			2.4 CITY-ST-ZIP	DELETE THIS OF	FTFR :
3.1 TITLE	VP		•	3.1 TITLE	ų	
3 2 NAME 3 3 STHEET ADDRESS	BRADY, JAM			3.2 NAME		•
3.4 CITY-ST-ZIP	6 27 TITUS T ITUSVILLE		F	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	•	
4.1 TITLE		T L CITAL		4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	
4.2 NAME				4.2 NAME		•
4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		,
5.1 TITLE				5.1 TITLE		
5.2 NAME				5.2 NAME	-0900026 -09/28/9801	50120
5.3 STREET ADDRESS : 5.4 CITY-ST-ZIP			•	5.3 STREET ADDRESS	***61.25	ουο υσ π -
6.1 TITLE	<u> </u>			5.4 CITY-SY-ZIP 6.1 TITLE	The second secon	0.0
6.2 NAME	1			62 NAME		ひ~1
6.3 STREET ADORESS			eur i	6.3 STREET ADDRESS		9-20
6.4 City-St-ZiP 14. I do hereby	L certify that the informa	tion supplied with this	filing is voluntarily furnished and	6.4 CITY-ST-ZIP does not qualify for	the exemption stated in Section 11	9.07(3)(k), Florida Statutes. I release the
Division of C that the infor that I have fu empowered with an addr	corporations from any limition indicated on the milition indicated on the utilised all obligations of to execute this report rest.	liability of non-complian his annual report or sup once ning unclaimed p as equired by Charle	ce with Section 119.07(3)(k) In polemental annual report is true orbity imposed by Chapter 71 r 107 or Chapter 817, Florida	the event that the in and accurate and the 7, Florida Statutes; to tatutes; and that my	formation supplied is deemed exeminating signature shall have the same that I am an officer or director of the mame appears in Block 12 or Block	9.07(3)(k), Florida Statutes. I release the pt from public access. I further certify a legal effect as if made under cath; corporation or the receiver or trustee k 13 if changed, or on an attachment
SIGNATU			anne	- Jouer	aucinv	407-632-7663