

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000064264 (1)
1. Corporation Name

LEADER SPORTS GROUP, INC.

Principal Place of Business

Mailing Address

390 NORTH ORANGE AVE.
#2600
ORLANDO FL 32801-1642

390 NORTH ORANGE AVE.
#2600
ORLANDO FL 32801-1642



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1995		3a. Date of Last Report N/A	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3339106		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEAL, RICHARD ESQ. 390 N. ORANGE AVENUE #2600 ORLANDO FL 32801-1642				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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D/P
NAME	FRALEY, ROBERT E	12 NAME	Fraley, Robert E.
STREET ADDRESS	390 N. ORANGE AVE. #2600	13 STREET ADDRESS	390 N. Orange Avenue, Suite 2600
CITY-ST-ZIP	ORLANDO FL 32801-1642	14 CITY-ST-ZIP	Orlando, FL 32801-1642
TITLE		21 TITLE	V
NAME		22 NAME	Ardan, Van N.
STREET ADDRESS		23 STREET ADDRESS	390 N. Orange Avenue, Suite 2600
CITY-ST-ZIP		24 CITY-ST-ZIP	Orlando, FL 32801-1642
TITLE		31 TITLE	V/S/T
NAME		32 NAME	Amerman, Mark W.
STREET ADDRESS		33 STREET ADDRESS	390 N. Orange Avenue, Suite 2600
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32801-1642
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	800001873818
STREET ADDRESS		53 STREET ADDRESS	-06/24/96--01058--005
CITY-ST-ZIP		54 CITY-ST-ZIP	***225.00
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark W. Amerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

(407)425-4900

CR2E034 (3/96)