

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003704 (9)

1. Corporation Name

LEADERSHIP TRAINING ASSOCIATES, INC.



Principal Place of Business 606 BALD EAGLE DRIVE, STE. 500 MARCO ISLAND FL 33969	Mailing Address 606 BALD EAGLE DRIVE, STE. 600 MARCO ISLAND FL 34145-2731
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			FBI Number 65-0645110	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOODWARD, CRAIG R WOODWARD, PIRES, ANDERSON & LOMBARDO, P.A. 606 BALD EAGLE DR., #500 MARCO ISLAND FL 33969		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

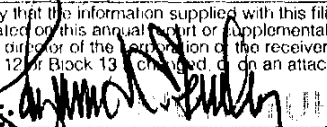
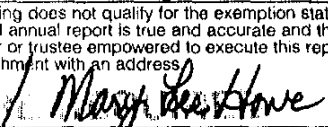
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LEMLEY, RAYMOND E <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	870 S. COLLIER BLVD., #402	1.2 NAME	
STREET ADDRESS	MARCO ISLAND FL 34145	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ZIP - 34145
TITLE	D HOWE, MARY LEE <input type="checkbox"/> DELETE	2.1 TITLE	HOWE, MARY LEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	870 S. COLLIER BLVD., #402	2.2 NAME	
STREET ADDRESS	MARCO ISLAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ZIP - 34145
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, as indicated, on an attachment with an address.

SIGNATURE:    
PRESIDENT RAYMOND E. LEMLEY / MARY LEE HOWE, VICE PRESIDENT  
Date 4/12/97 941 642-9278  
Daytime Phone # 0415788

CR2E034 (9/96)