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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000050979 (9) 1. Corporation Name

LEANNA L. RYDER, P.A.

Principal Place of Business Mailing Address				T 1985 1981 MA 19119 DILLI ABIN BENN DONN SOLD BURN EBENA 19111 JOSHA (St.) 1981		
1501 S <del>OLAGE</del> WEST PALM BE		1501 S <del>Olagler dr. #7</del> E West Palm Beach Fl 33401	Hagler			
				3. Date Incorporated or Qualified 06/13/1996	3a. Date of Last Report	
2. Principal Place of Business		2e. Mailing Address		4. FEI Number 65-067532	Applied For	
21 /50 Suite, Apt	13.Flagler Dr	26		63-06/338		
22	#; etc <b>~</b>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for i		
24	25	29]   30	)		Yes No	
9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered Agent		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida Such change was aut	84 City the above-named corporated by the corporate	poration submits this statement for the pation's board of directors. I hereby accer	FL 85 Zip Code purpose of changing its registered at the appointment as registered	
	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes.	ation's board of directors. I hereby accep		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE: R	egistered Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE		Change Addition	
NAME	RYDER, LEANNA L		1.2 NAME		. Asiles	
STREET ADDRESS	1501 S GLAGLER DR, #7E		1.3 STREET ADDRESS	1501 South Flagle	- NAVE	
CITY - ST - ZIP	WEST PALM BEACH FL 33401		1.4 City-St-ZiP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAM:			2.2 NAME			
STHEET ADDRESS			2.3 STREET ADDRESS			
CHT-ST-ZIP		PT PECET	2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			32 NAME		ļ.	

64 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 if changed, or on an attachment with the adverse.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CHTY-ST-ZIP

5.4 CITY - ST-ZIP

**63 STREET ADDRESS** 

34. DITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CHY-51-20P

CITY - ST - ZIP

CITY-ST-76

NAME

THE

THILE

NAME STREET ADDRESS

MONATURE AND TYPED OF PRINTED HOUSE OF SIGNING OFFICER OF DIRECTOR

DELETE

DELETE

☐ DELETE

5W-935-4000 Daytime Phone #

Change

Change

Change

☐ Addition

Addition

Addition

**FILED** 

Apr 15 1997 8:00am

Secretary of State