

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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P96000078021 (8)

1. Corporation Name
LEADING DEVELOPER, INC.

Principal Place of Business
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE FL 33009

Mailing Address
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE FL 33009-4432



3. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

OSHINSKY, LEONARD
1150 EAST HALLANDALE BEACH BLVD.
SUITE A
HALLANDALE FL 33009

4. FEI Number

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D OSHINSKY, LEONARD
STREET ADDRESS
1150 EAST HALLANDALE BEACH BLVD.
CITY-ST-ZIP
HALLANDALE FL 33009

TITLE
NAME
Panthosios Parlonas
STREET ADDRESS
208-40 15 Drive
CITY-ST-ZIP
Bayside, NY 11360

TITLE
NAME
Hristos Theodorou
STREET ADDRESS
208 40 15 Drive
CITY-ST-ZIP
Bayside NY 11360

TITLE
NAME
Margarita Vekrakis
STREET ADDRESS
208 40 15 Drive
CITY-ST-ZIP
Bayside NY 11360

TITLE
NAME
Eleni
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
Eleni Parlonas
STREET ADDRESS
208 40 15 Drive
CITY-ST-ZIP
Bayside NY 11360

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or in an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE

Daytime Phone #

CR2E034 (9/96)