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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90008 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000003824

1. Corporation Name

LEADER MANAGEMENT, INC.

Principal Place of Business

Mailing Address

215 ALABAMA ST
ST CLOUD FL 34769

215 ALABAMA ST
ST CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

59-3417056

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2805 FIELDSTONE CT.

26 2805 FIELDSTONE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ORLANDO, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32839 25 USA

29 32839 30 USA

9. Name and Address of Current Registered Agent

EDER, LOUIS G
215 ALABAMA ST
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

EDER, LOUIS G.

82 Street Address (P.O. Box Number is Not Acceptable)

2805 FIELDSTONE CT.

83

84 City

ORLANDO

FL

85 Zip Code

32839

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

Louis G. Eder
(NOTE: Registered Agent signature required when reinstating)

6-6-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
EDER, LOUIS G
STREET ADDRESS 215 ALABAMA ST
CITY-ST-ZIP ST CLOUD FL 34769

TITLE ☒ DELETE
NAME V
CASINO, RAY
STREET ADDRESS 4796 LAKE CALABAY DR
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I 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 an address, with all other like empowered.

SIGNATURE: Louis G. Eder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-1999 407-341-5514
Date Daytime Phone #

CR2E034 (11/98)