


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

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90037 042 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 2000</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000029705</b> ✓					
1. Corporation Name <b>LEADOFF CORPORATION</b>					
Principal Place of Business <b>210 BRADFORD ROAD PMB 157 TALLAHASSEE, FL 32303</b>			Mailing Address <b>210 BRADFORD ROAD PMB 157 TALLAHASSEE, FL 32303</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>03-30-1998</b>	
Suite, Apt., etc.		Suite, Apt., etc.		4. FEI Number <b>59-3511696</b>	
City & State 22		City & State 27		Applied For Not Applicable	
Zip 23		Zip 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country 24		Country 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PANNUCCI, DANIEL 210 BRADFORD ROAD PMB 157 TALLAHASSEE, FL 32303</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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					
SIGNATURE: <b>Daniel Panucci</b> <b>01-24-2000 850-309-5295</b>					
DATE: _____					
Typed the Name of _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DANIEL PANNUCCI</b>					

CR2E034 (10/97)