

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12216 (5)

1. Corporation Name

LEADS UNLIMITED, INC.



Principal Place of Business

Mailing Address

7820 SOUTH HOLIDAY DRIVE
SARASOTA FL 34231

7820 SOUTH HOLIDAY DRIVE
SARASOTA FL 34231

3. Date Incorporated or Qualified
11/09/1990

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0226023

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAYHEART, HIGGINS
7820 SOUTH HOLIDAY DRIVE
SARASOTA FL 34231

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 the principal officer or registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when filing change)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAYHEART, HIGGINS
4188 LOS ILIAS DRIVE
SARASOTA FL

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

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54 CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/96 44923-8922
Date Daytime Phone #

CR2E034 (3/96)