

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 02 1996 8:00 am
Secretary of State

DOCUMENT # **S86378** (4)

1. Corporation Name
LEONOMICS, INC.



Principal Place of Business

**2380 TALLAHASSEE
FT LAUDERDALE FL 33326**

Mailing Address

**2380 TALLAHASSEE
FT LAUDERDALE FL 33326**

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

3. Date Incorporated or Qualified
10/10/1991

3a. Date of Last Report
04/25/1995

4. FEI Number

APPLIED FOR 65-0631727

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEGAL INFORMATION SERVICES
1290 WESTON ROAD
SUITE 214
FT LAUDERDALE FL 33326**

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

(NOTE - Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D LEON, HARRIET**
STREET ADDRESS **2380 TALLAHASSEE**
CITY-ST-ZIP **FT LAUDERDALE FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **P/T/S/D Leon, Michael**

1.3 STREET ADDRESS **2380 Tallahassee**

1.4 CITY-ST-ZIP **ft. Lauderdale FL 33326**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

4.2 NAME

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4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

5.2 NAME

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5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

TITLE ☐ DELETE

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

TITLE ☐ DELETE

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY-ST-ZIP

TITLE ☐ DELETE

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY-ST-ZIP

TITLE ☐ DELETE

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY-ST-ZIP

TITLE ☐ DELETE

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

TITLE ☐ DELETE

14.1 TITLE

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

TITLE ☐ DELETE

15.1 TITLE

15.2 NAME

15.3 STREET ADDRESS

15.4 CITY-ST-ZIP

TITLE ☐ DELETE

16.1 TITLE

16.2 NAME

16.3 STREET ADDRESS

16.4 CITY-ST-ZIP

TITLE ☐ DELETE

17.1 TITLE

17.2 NAME

17.3 STREET ADDRESS

17.4 CITY-ST-ZIP

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18.1 TITLE

18.2 NAME

18.3 STREET ADDRESS

18.4 CITY-ST-ZIP

TITLE ☐ DELETE

19.1 TITLE

19.2 NAME

19.3 STREET ADDRESS

19.4 CITY-ST-ZIP

TITLE ☐ DELETE

20.1 TITLE

20.2 NAME

20.3 STREET ADDRESS

20.4 CITY-ST-ZIP

TITLE ☐ DELETE

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

TITLE ☐ DELETE

22.1 TITLE

22.2 NAME

22.3 STREET ADDRESS

22.4 CITY-ST-ZIP

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23.1 TITLE

23.2 NAME

23.3 STREET ADDRESS

23.4 CITY-ST-ZIP

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24.1 TITLE

24.2 NAME

24.3 STREET ADDRESS

24.4 CITY-ST-ZIP

TITLE ☐ DELETE

25.1 TITLE

25.2 NAME

25.3 STREET ADDRESS

25.4 CITY-ST-ZIP

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26.1 TITLE

26.2 NAME

26.3 STREET ADDRESS

26.4 CITY-ST-ZIP

TITLE ☐ DELETE

27.1 TITLE

27.2 NAME

27.3 STREET ADDRESS

27.4 CITY-ST-ZIP

TITLE ☐ DELETE

28.1 TITLE

28.2 NAME

28.3 STREET ADDRESS

28.4 CITY-ST-ZIP

TITLE ☐ DELETE

29.1 TITLE

29.2 NAME

29.3 STREET ADDRESS

29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

(954) 384-4781

CR2E034 (12/95)