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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V37549

GRIMSLEY, JAMES W. 25 WALTER MARTIN ROAD N.E. FT. WALTON BEACH FL 32548

(5)

LEABRO, INC.

23 Zip

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÷			TO DELICATE DE PRINTERE PRINTERE DE L'ARTE DE L'AR			
Principal Place of Business Mailing Address						
25 WALTER MARTIN ROAD N.E. FT, WALTON BEACH FL 32548	25 WALTER MARTIN ROAD N.E. FT. WALTON BEACH FL 32548-4918					
e¥kopessa tega		3. Date Incorporated or Qualified 05/18/1992	3a. Date of Last Report 04/22/1996			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied F			
21	[26]	59-3123758	Not Applic			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Addition Foe Required			
City & State	City & State	6 Flection Campaign Financing	\$5.00 Hay B			

	6	 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Be Added to Fees				
ntry 8. This corporation has lia Florida Statutes		 This corporation has liability for Florida Statutes 	or intangible	e tax under s. 199.032. No				
	10), Name and Address of New	Registered	Agent				
81	Namo							
82	Street Address (P.O. Box Number is Not Acceptable)							
83								

FILED

Apr 02 1997 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional

of Stations 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

City

Cou

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office or r agent, 1 a	ogistered agery, of bothy by the State of Florida. Su m familiar/with, and accept the obligations of as ct	ch chango was aut ion 607,0505, Floric	norized by the corp la Statutes.	ooration's board of directors. I hereby accep	ot the appointment as	registered
SIGNATURE	1 och less H1	den J.	Leo	27.	m Breh 199	77
	Signature, typed or printed named trep-stered agent and title if applic	able (NOTE R	egistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	Р	DIPOTELLE	1.1 TITLE		Change	Addition
NAME	Lea, arden	•	1.2 NAME			
STREET ADDRESS	344 CAMP ST, STE. 900		1.3 STREET ADDRESS	·		
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-S1-ZIP			
TITLE	Lea, Arden J. 104 Swamiracle Strip Fort walton Boach, Fl.	□ DELETE	2.1 TITLE		Change	Addition
NAME	LOA, Aroen U.	DUIN	2.2 NAME			ļ
STREET ADDRESS	104 Siwmiracle Strip	700/010	2.3 STREET ADDRESS			1
CITY-ST-ZIP	FULL WALLOW BEACH, Fl.	22548	2 4 CITY-S1-ZIP	_		
TITLE		DECEN	3.1 11111		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			ĺ
CITY-ST-ZIP			3.4. CITY- ST-7IP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			J
CITY-ST-ZIP			4.4 CITY - S1 - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			ľ
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CHY-ST-7IP			
TITLE		[] DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME	• •		
STREET ADDRESS			6.3 STREET ADDRESS	*		Ì
CITY_CT_7/D			6.4 C(TV), \$17IP			

31-20 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 symplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the chirporetion of the chirporetion

SIGNATURE:

den J. Len

27 MARCA 1997 244-5725