

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

1997 AUG -6 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 233229 (4)**

1. Corporation Name  
**LEONARD L. FARBER INCORPORATED**

Principal Place of Business <b>800 CORPORATE DRIVE FT. LAUDERDALE FL 33334-0622</b>	Mailing Address <b>800 CORPORATE DRIVE FT. LAUDERDALE FL 33334-0622</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 450 E. Las Olas Blvd.</b>	2a. Mailing Address <b>26 Same</b>
Suite, Apt. #, etc. <b>22 880</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Fort Lauderdale, FL</b>	City & State <b>28</b>
Zip <b>24 33301</b>	Country <b>25</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>02/12/1960</b>	3a. Date of Last Report <b>01/26/1996</b>
4. FEI Number <b>59-1402447</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KATZ, MICHAEL D. ESQ.  
2699 S. BAYSHORE DRIVE  
MIAMI FL 33133**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>FARBER, LEONARD L.</b>	
STREET ADDRESS	<b>800 CORPORATE DRIVE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GERVAIS, FELICIA</b>	
STREET ADDRESS	<b>800 CORPORATE DRIVE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>RAPPAPORT, CLAIRE</b>	
STREET ADDRESS	<b>800 CORPORATE DRIVE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	

**200002261852--2**  
**-08/08/97--01099--005**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*Handwritten signature and date: 7/24/97*

14. I do 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.

CR2E034 (4/97)

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**Leonard L. Farber Company**

450 East Las Olas Boulevard, Suite 880  
Fort Lauderdale, Florida 33301-2231  
Phone: 954 / 761-8100  
Fax: 954 / 761-3151

July 22, 1997

Florida Department of Taxation  
Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Leonard L. Farber Incorporated**  
**F.E.I. # 59-1402447**

Gentlemen:

Enclosed please find a check in the amount of \$165.25 which is to cover the fee for the Annual Report (\$61.25) and the Corporation Supplemental Fee (\$103.75).

We have not included the \$385.00 for the late fee since we respectfully request that you forgive this penalty. We had not received the original form, probably due to the fact that we have moved our physical location. We are enclosing a copy of the envelope which we just received that indicates the change of address.

Thank you for any considerations you will extend to us.

Very truly yours,

Claire Rappaport  
Controller

The signature is a cursive, handwritten name in black ink, appearing to read "Claire Rappaport".

CR:rt  
Enclosures