

FLORIDA DEPARTMENT OF STATE
FOR DEPOSIT ONLY - 1/27/1999

FILED
Jan 27, 1999 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-27-1999 90044 002 ****150.00



DO NOT WRITE IN THIS SPACE

1. Corporation Name
LEONARD L. FARBER INCORPORATED

Principal Place of Business: **450 E. LAS OLAS BLVD #880 FT. LAUDERDALE FL 33301**
Mailing Address: **450 E. LAS OLAS BLVD #880 FT. LAUDERDALE FL 33301**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

3. Date Incorporated or Qualified: **02/12/1960**

4. FEI Number: **59-1402447**

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 owes the current year Intangible Personal Property Tax: Yes 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	FARBER, LEONARD L	
STREET ADDRESS	450 E LAS OLAS BLVD STE 880	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GERVAIS, FELICIA	
STREET ADDRESS	450 E LAS OLAS BLVD STE 880	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RAPPAPORT, CLAIRE	
STREET ADDRESS	450 E LAS OLAS BLVD STE 880	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
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	

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, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-11-99 Date 954-761-8100 Daytime Phone #

CR2E034 (1/98)