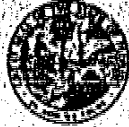


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 24 PM 1:47

DOCUMENT # 577642 (2)

1. Corporation Name
ALEX LEEDS, P.A.

Principal Place of Business
**4412 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313-1819**

Mailing Address
**4412 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33313-1819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/01/1978** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-1838561** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEEDS, ALEX
4412 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LEEDS, ALEX**
STREET ADDRESS **4412 W OAKLAND PARK BLVD**
CITY-ST-ZIP **LAUDERDALE LAKES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Alex Leeds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Leeds, President/Director

(Date)

(Signature Title)

2/27/95



577642 Send in Documents with check

FREUND, FISHER & Co., P.A. *Certified Public Accountants*
MEMBERS: AMERICAN INSTITUTE AND FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

IRWIN B. FREUND, C.P.A.
LAWRENCE L. FISHER, C.P.A.
STEVEN A. YOUNG, C.P.A.
STEVEN GOLDSTON, C.P.A.

MITCHELL T. KATZ, C.P.A.
KATHY M. SALVA, C.P.A.
AMY H. TSENG, C.P.A.
JORGE A. RODRIGUEZ, C.P.A.

10729 S.W. 104th STREET
KILLIAN PROFESSIONAL VILLAGE
MIAMI, FLORIDA 33176
(305) 279-1288
FAX (305) 598-1372

210 UNIVERSITY DRIVE
SUITE 301
CORAL SPRINGS, FLORIDA 33071
(305) 345-8688
FAX (305) 765-3768

PLEASE REPLY TO:
Coral Springs

February 14, 1995

Alex Leeds, P.A.
4412 W. Oakland Park Blvd.
Lauderdale Lakes, Florida 33313-1819

SUBJECT: CORPORATION ANNUAL REPORT

Dear Client:

We have enclosed the above return. Please sign and date where indicated. Make check payable to the "Department of State" in the amount of \$200.00 (\$61.25 + \$138.75 corporation supplemental fee) and mail in the enclosed envelope before May 1, 1995 to:

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

Failure to file this return will result in your corporation being dissolved and an additional reinstatement fee. If you have any questions, please do not hesitate to call.

Yours truly,

FREUND, FISHER & CO., P.A.

FF:mf
Enclosure