

**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

DOCUMENT # 589605

1. Corporation Name

LEOPOLD & LEOPOLD, P.A.

*29-96*  
*B, 29-96 B-0383-C*  
*(5)*



Principal Place of Business: 20801 BISCAYNE BLVD N. MIAMI BEACH FL 33180 Aventura  
Mailing Address: 20801 BISCAYNE BLVD N. MIAMI BEACH FL 33180 Aventura

3. Date Incorporated or Qualified: 10/05/1978  
3a. Date of Last Report: 01/25/1995  
4. FEI Number: 59-1851337  
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

21. 20801 Biscayne Blvd.  
22. # 501  
23. Aventura, FL  
24. 33180  
25. USA  
26. 20801 Biscayne Blvd.  
27. # 501  
28. Aventura, FL  
29. 33180  
30. USA

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN  
20801 BISCAYNE BLVD  
N. MIAMI BEACH FL 33180

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

Signature typed for the last name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD  
NAME: LEOPOLD, KAREN S  
STREET ADDRESS: 21300 N E 23 CT  
CITY - ST - ZIP: NO MIAMI BEACH, FL 00000

TITLE: SD  
NAME: LEOPOLD, NORMAN  
STREET ADDRESS: 21300 N E 23 CT  
CITY - ST - ZIP: NO MIAMI BEACH, FL 00000

TITLE:  DELETE

TITLE:  DELETE

TITLE:  DELETE

TITLE:  DELETE

TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/96*

*(305) 935-3500*

CR2E034 (12/95)