

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.

Principal Place of Business

20801 BISCAYNE BLVD
N. MIAMI BEACH FL 33180
Aventura

Mailing Address

20801 BISCAYNE BLVD
N. MIAMI BEACH FL 33180
Aventura



2. Principal Place of Business

21 20801 Biscayne Blvd.

Suite, Apt. #, etc.

22 # 501

City & State

23 Aventura, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 20801 Biscayne Blvd.

Suite, Apt. #, etc.

27 # 501

City & State

28 Aventura, FL

Zip

29 33180

Country

30 USA

3. Date Incorporated or Qualified

10/05/1978

3a. Date of Last Report

01/25/1995

4. FEI Number

59-1851337

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

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE

NAME

STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

(305) 935-3500

CR2E034 (12/95)