

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JAN 23 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 662656 (8)**  
1. Corporation Name  
**L & M REALTY CORP.**

Principal Place of Business Mailing Address  
**2131 HOLLYWOOD BLVD STE 505 HOLLYWOOD FL 33020 US**

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

DO NOT WRITE IN THIS SPACE.  
3. Date Incorporated or Qualified **05/16/1980** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-1998873** 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  
**MILLER, ROBERT  
C/O ELLIOT D. STEIN, CPA  
2131 HOLLYWOOD BLVD, STE 505  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIERBERMAN, SYLVIA K</b>	1.2 NAME	
STREET ADDRESS	<b>3503 OAKS WAY, #406</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>POMPANO BEACH FL 33069</b>	1.4 CITY- ST- ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT L</b>	2.2 NAME	
STREET ADDRESS	<b>330 STANDARD BUILDING</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CLEVELAND OH 44113</b>	2.4 CITY- ST- ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, ELLIOT D</b>	3.2 NAME	
STREET ADDRESS	<b>2131 HOLLYWOOD BLVD., #505</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOLLYWOOD FL 33020</b>	3.4 CITY- ST- ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERMAN, EDWARD M</b>	4.2 NAME	
STREET ADDRESS	<b>745 FIFTH AVE.</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>NEW YORK NY 10151</b>	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(b), 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 addendum.

SIGNATURE: Robert L. Miller 1-16-95 216-241-0000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR