

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:16

DOCUMENT # **F17642 (2)**

1. Corporation Name
LE HI SERVICES & INVESTMENTS, INC.

Principal Place of Business Mailing Address
PO BOX 350 FT. LAUDERDALE 33302-0350 PO BOX 350 FT. LAUDERDALE 33302-0350

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/02/1981** 3a. Date of Last Report **04/27/1994**
4. FEI Number **65-0178943** 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 **622 SW 16 Avenue** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **Fort Lauderdale, FL** 28
Zip Country Zip Country
24 **33312** 25 **U.S.A.** 29 30

9. Name and Address of Current Registered Agent
GOODMAN, NATE
637 S.W. 15TH AVE.
STE. 1
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name **NATE GOODMAN**
82 Street Address (P.O. Box Number is Not Acceptable) **921 SW 15 AVE.**
83 **STE 1**
84 City **Fort Lauderdale,** FL 85 Zip Code **33312**

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, if 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 *Nate Goodman* DATE **2-13-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODMAN, NATE 1880 S.W. 55TH AVENUE PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEXLER, ALAN 2676 N.W. ST. BOCA RATON FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Delete
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.P./T RANDY GOODMAN 1000 SW 16 AVENUE FORT LAUDERDALE, FL 33312
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nate Goodman* DATE **2/13/95** **305(527)0704**
Signature and typed or printed name of signing officer or director