

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004803 (0)

1. Corporation Name
BERGER, LEHMAN ASSOCIATES, P.C.



Principal Place of Business 411 THEODORE FREMD AVENUE RYE NY 10580	Mailing Address 411 THEODORE FREMD AVENUE RYE NY 10580-1410
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3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
4. FEI Number 13-2765026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent LEHMAN, CHRISTOPHER A 3411 NW 9TH AVE., STE 708 FT LAUDERDALE FL 33309-5941	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHMAN, LAWRENCE H	1.2 NAME	
STREET ADDRESS	10 CHESTER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITZ, WILLIAM J	2.2 NAME	
STREET ADDRESS	#12 THE KNOLL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTVILLE NY	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, LOUIS	3.2 NAME	Director
STREET ADDRESS	18992 ROSE APPLE DRIVE	3.3 STREET ADDRESS	Pat Quinn
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	3 Walter Houp Court, NE
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARKEY, GEORGE	4.2 NAME	Secretary
STREET ADDRESS	2333 5TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, GERALD	5.2 NAME	
STREET ADDRESS	5 PLACID LAKE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIERKS, HANS J	6.2 NAME	
STREET ADDRESS	94 BARRETT HILL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAHOPAC NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence H. Lehman* **LAWRENCE H. LEHMAN** 4/16/97 914-967-5800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)