

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2765026	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEHMAN, CHRISTOPHER A 3411 NW 9TH AVE., STE 708 FT LAUDERDALE FL 33309-5941				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Christopher A. Lehman* DATE: **4/20/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	QUINN, PAT		3.2 NAME				
STREET ADDRESS	3 WALTER HOUP CT, NE		3.3 STREET ADDRESS				
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STAROKEY, GEORGE		4.2 NAME				
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 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: *Christopher A. Lehman* DATE: **4/20/98** DAYTIME: **984-266-2444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)