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

PROFIT CORPORATION **ANNUAL REPORT**

1997



I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J66681

(4)

LENOFF AND LENOFF, P.A.										
Principal Place of Business Mailing Address						ETADEUM DYIM DINIQ ANLER ALCHE IR.DY 1181	ONDIT BLÜGE BYERE BYE	ila OLDAT E	HALLI HADI	
1761 W HILLSBORO BLVD 1761 W HILLSBORO BLVD										
SUITE 405 SUITE 405										
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-				?				······································		
						3. Date Incorporated or Qualified 04/06/1987	3a. Date of L 03/01/19		port	
2. Principal Pla	ace of Business	2a. Mailing Addres	3 \$			4. FEI Number	L.	App	lied For	
21		26	<u> </u>			59-2813366			Applicable	
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			dditional	
22 27							F	ee Req	uired	
City & State	City & State	City & State			6. Election Campaign Financing		5 .00 N	/lay Be		
23	28					Trust Fund Contribution Added to Fees			Fees	
Zip	Country	Zip	Zip Cour			This corporation has liability for intangible tax under s. 199.03			199.032,	
24	25	29 30				Florida Statutes Yes No				
	g. Name and Address of Curre	nt Registered Agent		$oldsymbol{\perp}$		10. Name and Address of New Re	gistered Agent			
LEN	off, steven			81	Name					
	I W HILLSBORO BLVD			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
	E 405				Oli Odi Addi	to the section of the section				
	RFIELD BEACH FL 33442			83						
						· · · · · · · · · · · · · · · · · · ·				
				84	City		FL 85	Zip Ci	ode	
44 Pursuant t	a the provisions of Sections 607 050	02 and 607 1508. Florida	Statutes the	ahove.	-named core	poration submits this statement for the p		aina ite	registered	
office or re	egistered agent or both, in the State in familiar with, and accept the oblig	e of Florida. Such changi	e was authorize	ed by	the corporat	tion's board of directors. I hereby accep	of the appointme	int as re	agistered	
SIGNATURE										
	Signature, typed or printed name of registered ag	enr and tille if applicable	(NOTE Register	ed Ager	nt signature requi	red when reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.	·		ADDITIONS/CHANGES TO OFFICE				
TITLE	PD DELETE 1.1		TE 1.1 1	1.1 TITLE			☐ Ct	ange	Addition	
NAME	LENOFF, STEVEN		1.21	1.2 NAME					Ì	
STREET ADDRESS	TADDRESS 1761 W HILLSBORO BLVD SUITE 405		1.3 STREET ADDRESS		address					
CITY - ST - ZIP	DEERFIELD BEACH FL		1.4 (1.4 CITY-ST-ZIP						
TITLE	STD	DELE	TE 2.11	IITLE			CI	ange	Addition	
NAME	LENOFF, MICHELE		2.21	2.2 NAME					1	
STREET ADDRESS	1761 W HILLSBORD BLVD S	LITE 405		2.3 STREET ADDRESS						
CITY - ST - ZIP	DEERFIELD BEACH FL	0,1,2,100		CITY-S	i					
TITLE	DECIMILED DESCRITE	DELF		TITLE	1-21		☐ Cr	lanne	Addition	
1	L 12			3.2 NAME						
NAME DEDOCE ADDICACO					4 DODGGG					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		□ bro		CITY - S	I - ZIP				Addition	
TITLE		L DELI		TITLE				MINGE	☐ Addition	
NAME			4. 2	NAME	1					
STREET ADORESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP			4.4	CITY-SI	r-ZIP					
TITLE		☐ D£LI	ETE 5.1	TITLE			□ CI	апре	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY - ST - ZIP			5.4	CITY-S1	r- <i>T</i> iP	· ·]	
TITLE		DEL		TITLE			☐ C	nange	☐ Addition	
NAMÉ				NAME				•		
					Abbecce				ļ	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	ne coulde that the information consider	ad with this filing door no		CITY-SI		d in Section 119.07(3)(i), Florida Statute	e I further certif	u that #	no.	
informatio	n indicated on this annual report or	supplemental annual rea	oort is true and	accu	rate and that	t my signature shall have the same lega	al effect as if ma	de und	er oath: that I	
I am an of	ficer or director of the corporation of	r the receiver or trustee	empowered to	exec	ute this repo	rt as required by Chapter 607, Florida S	Statutes; and tha	t my ne	ıme	