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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000045734 (6)

MARK J. LEEDS, P.A.

Principal Place of Business

POST OFFICE BOX 14723 FORT LAUDERDALE FL 83302 Mailing Address

POST OFFICE BOX 14723 FORT LAUDERDALE FL 33302-4723

FILED May 30 1997 8:00am Secretary of State



1.1.95

			3. Date Incorporated or Qualified 05/23/1996 3a. Date of Last Report
1 (i')	Place of Business 28. Mailing Address	10011	4. FEI Number Applied For
21 44	w. Flagler St. 26 44 W. F	-1091er st	65 - 0689541 Not Applicable
	600 27 #1600		5. Certificate of Status Desired Security Securi
City & State	ami FL 28 mioni	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
zip 331		Country Dade	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
LEEDS, MARK J			
2007 S.W. 27TH AVENUE, 6TE: 107 44 W. F. B2 Street Address (P.O. Box Number is Not Acceptable)			
COCONUT GROVE FL 33133			
1 # 1600			
		84 City	Omi FL 85 33 30
11 Purement	to the provisions of Sections 607 0502 and 607 1509 Elected Statute	the shave parcel as	
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	Signification printed name of registered agent and title 4 applicable (NOTE:	Registered Agent signature rec	quired when reinstaling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	Change Addition
NAME	LEEDS, MARK J	1.2 NAME	4A w. Flogler st.
STREET ADDRESS	2927 S.W. 27TH AVE., STE. 107	1.3 STREET ADDRESS	#1600
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	miami, FL 33130
TITLE	DELETE	2.1 TITLE	Change Addition
NAME .		2.2 NAME	
STREET ADDRESS		2.3 STREFT ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ D€LETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	M. J
TITLE	☐ DELETE	5.1 TITLE	May Of Change L Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	$\langle \zeta \rangle$
CITY-ST-ZIP	T DELETE	5.4 CITY - ST - ZIP	Tobana Tarania
TITLE	L DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	4.
STREET ADDRESS		6.3 STREET ADDRESS	\$165 Ban
C/TY-ST-ZIP	ay partify that the information expedied with this files when not a self-	64 CITY-ST-ZIP	tite owic
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.			