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Apr 01, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000045734

1. Corporation Name
MARK J. LEEDS, P.A.



Principal Place of Business
44 W. FLAGLER STREET
#1600
MIAMI FL 33130
US

Mailing Address
44 W. FLAGLER STREET
#1600
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/23/1996

4. FEI Number
65-0689541 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 633 So. Federal Highway

2a. Mailing Address
26 633 So. Federal Highway

Suite, Apt. #, etc.
22 8th Floor

Suite, Apt. #, etc.
27 8th Floor

City & State
23 Ft. Lauderdale, Fla.

City & State
28 Ft. Lauderdale, Fla.

Zip Country
24 33302 25 Broward

Zip Country
29 33302 30 Broward

9. Name and Address of Current Registered Agent
LEEDS, MARK J
44 W. FLAGLER STREET
#1600
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
same

82 Street Address (P.O. Box Number is Not Acceptable)
633 So. Federal Highway

83
8th Floor

84 City
Ft. Lauderdale FL

85 Zip Code
33302

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

12. OFFICERS AND DIRECTORS DELETE

TITLE
D

NAME
LEEDS, MARK J

STREET ADDRESS
44 W. FLAGLER STREET

CITY-ST-ZIP
MIAMI FL 33130

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS
633 So. Federal Highway - 8th Flr

1.4 CITY-ST-ZIP
Ft. Lauderdale, Florida 33302

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR29034 (11/98)