

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 18 PM 7:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|   |   |  |
|---|---|--|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 247664 (6)**

1. Corporation Name  
**MARTIN B. LESHAW REPORTING SERVICE, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>66 WEST FLAGLER STREET<br/>MIAMI FL 33130</b> | Mailing Address<br><b>66 WEST FLAGLER STREET<br/>MIAMI FL 33130</b> |
|---|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| 24                             | 29                  |
| Country                        | Country             |
| 25                             | 30                  |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/20/1961</b>  | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 4. FEI Number<br><b>59-0973345</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**LESHAW, MARTIN B  
66 WEST FLAGLER STREET  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| FL  |
| 85 Zip Code   |

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 reappointing)

12. OFFICERS AND DIRECTORS

|                 |                           |
|-----------------|---------------------------|
| TITLE           | <b>S</b>                  |
| NAME            | <b>ARNOLD, MARY</b>       |
| STREET ADDRESS  | <b>8012 SW 81ST TERR.</b> |
| CITY - ST - ZIP | <b>MIAMI FL</b>           |
| TITLE           | <b>PD</b>                 |
| NAME            | <b>LESHAW, MARTIN B</b>   |
| STREET ADDRESS  | <b>313 LAYNE BLVD</b>     |
| CITY - ST - ZIP | <b>HALLANDALE FL</b>      |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |
| TITLE           |                           |
| NAME            |                           |
| STREET ADDRESS  |                           |
| CITY - ST - ZIP |                           |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 appeared in block 12 or block 13 if changed, or on an amendment with an address.

SIGNATURE:  **MARTIN B. LESHAW** 1/25/95

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR