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FILED

May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 152192

(1)

1. Corporation Name

LENMARK CORPORATION

Principal Place of Business

280 SOUTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

Mailing Address

280 SOUTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139-5132

3. Date Incorporated or Qualified  
09/04/1947

3a. Date of Last Report  
04/29/1996

4. FEI Number

59-0590109

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMSON, MARK E  
280 SOUTH HIBISCUS DRIVE  
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILLIAMSON, MARK E  
STREET ADDRESS 280 S. HIBISCUS DR.  
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE V  
NAME FORMAN, GERALD  
STREET ADDRESS 3000 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S  
NAME PUJOE, AMALIA  
STREET ADDRESS 3000 BISCAYNE BLVD.  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D  
NAME ABRAMS, FRANCES  
STREET ADDRESS 20 ISLAND AVE.  
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE D  
NAME ABRAMS, FRED  
STREET ADDRESS 20 ISLAND AVE.  
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE

4/29/97 5:24:22

CR2E034 (9/96)