

FLORIDA DEPARTMENT OF STATE AFTER MAY 1ST IS \$550.00
FOR DEPOSIT ONLY - 1/27/1999

FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90044 002 ***150.00

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

1. Corporation Name
LEONARD L. FARBER INCORPORATED

Principal Place of Business Mailing Address
450 E. LAS OLAS BLVD 450 E. LAS OLAS BLVD
#880 #880
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1960
4. FEI Number
59-1402447
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

KATZ, MICHAEL D. ESQ.
2699 S. BAYSHORE DRIVE
MIAMI FL 33133

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 C
NAME FARBER, LEONARD L. ☐ DELETE
STREET ADDRESS 450 E LAS OLAS BLVD STE 880
CITY-ST-ZIP FT. LAUDERDALE FL 33301
TITLE P
NAME GERVAIS, FELICIA ☐ DELETE
STREET ADDRESS 450 E LAS OLAS BLVD STE 880
CITY-ST-ZIP FT. LAUDERDALE FL 33301
TITLE ST
NAME RAPPAPORT, CLAIRE ☐ DELETE
STREET ADDRESS 450 E LAS OLAS BLVD STE 880
CITY-ST-ZIP FT. LAUDERDALE FL 33301
TITLE L
NAME ☐ DELETE
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
1.4 CITY-ST-ZIP
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 954-761-8100
Date Daytime Phone #

CR2E034 (1/98)