

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 311856 (9)

1. Corporation Name

LEN-HAL REALTY, INC.

Principal Place of Business

C/O RUFFY'S
2300 N. OCEAN DR.
HOLLYWOOD FL 33019
US

Mailing Address

C/O RUFFY'S
2300 N. OCEAN DR.
HOLLYWOOD FL 33019
US



3. Date Incorporated or Qualified

12/15/1966

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O RUFFY'S
Street, Apt. #, etc.

26 2308 N. OCEAN DR.
Suite, Apt. #, etc.

4. FEI Number

59-1161150

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

City & State

23 HOLLYWOOD, FLA.
Zip Country

City & State

28 HOLLYWOOD, FLA.
Zip Country

24 33019

25

29 33019

30

9. Name and Address of Current Registered Agent

LA BARCA, ROSE
251 SW 132ND WAY
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name

JOSEPH LA BARCA

82 Street Address (P.O. Box Number is Not Acceptable)

2308 N. OCEAN DR.

83

HOLLYWOOD, FLA.

84 City

FL

85 Zip Code

33019

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

X

Joseph La Barca

JOSEPH LA BARCA, P/S/T/D

01/24/96

Signature typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent Signature Required when reappointing

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

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

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 119.07(3)(k), 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:

X *Joseph La Barca*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

1-24-96 (954) 920-4497

CR2E034 (12/95)