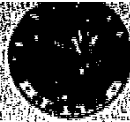


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY - 1 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 420145 (5)

1. Corporation Name

LADIES CENTER OF SOUTH FLORIDA INC

Principal Place of Business

1200 BISCAYNE BLVD.
N. MIAMI FL 33181

Mailing Address

1200 BISCAYNE BLVD.
N. MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1973

3a. Date of Last Report

08/08/1994

4. FEI Number

59-1464424

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

2. Principal Place of Business

21 12550 BISCAYNE BLVD

2a. Mailing Address

26 12000 BISCAYNE BLVD

Suite, Apt. #, etc.

22 ✓ 701

Suite, Apt. #, etc.

27 Suite 705

City & State

23 MIAMI FL

City & State

28 MIA, FL. 33181

Zip

24 33181

Country

25 JADE

Zip

29 JADE

Country

30 JADE

9. Name and Address of Current Registered Agent

LEIGHT, PAUL
12000 BISCAYNE BLVD Suite 705
NORTH MIAMI FL 33181

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 the filing officer)

(DATE Registered Agent signature required after filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEIGHT, PAUL J.
STREET ADDRESS 12000 BISCAYNE BLVD #705
CITY ST ZIP NO. MIAMI, FL. 33181

TITLE STD
NAME LEIGHT, LYNN
STREET ADDRESS 12000 BISCAYNE BLVD #705
CITY ST ZIP NO. MIAMI, FL. 33181

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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 ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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 its successor, I am not empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attached point-to-point address.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

Paul J. Leight Fred

Date

05-01-95
12000 BISCAYNE BLVD