

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Mathan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **445548** (1)

1. Corporation Name
LEONARDFLA, INC.



Principal Place of Business

**5740 HOLLYWOOD BLVD
#500
HOLLYWOOD FL 33021**

Mailng Address

**5740 HOLLYWOOD BLVD
#500
HOLLYWOOD FL 33021**

2. Principal Place of Business

2a. Mailng Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**ADLER, LEONARD
5740 HOLLYWOOD BLVD
#500
HOLLYWOOD FL 33021**

3. Date Incorporated or Created
03/13/1974

3a. Date of Last Report
04/03/1995

4. FEI Number
59-1515337

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

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 607.04 and 607.05, 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligation of, Section 607.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	D	<input type="checkbox"/> DELETE
12.2 NAME	FEIERSTDT, BERNICE	
12.3 STREET ADDRESS	1300 ST CHARLES PL #417	
12.4 CITY & STATE	PEMBROKE PINES, FL 00000	
12.5 TITLE	PD	<input type="checkbox"/> DELETE
12.6 NAME	ADLER, LEONARD	
12.7 STREET ADDRESS	271 S HOLLYBROOK DR	
12.8 CITY & STATE	PEMBROKE PINES, FL 00000	
12.9 TITLE	STD	<input type="checkbox"/> DELETE
12.10 NAME	GROSS, ILLENE S	
12.11 STREET ADDRESS	12264 SW 29TH TERR	
12.12 CITY & STATE	MIAMI, FL 00000	
12.13 NAME	V	<input type="checkbox"/> DELETE
12.14 STREET ADDRESS	ADLER, MILLCENT E	
12.15 CITY & STATE	9301 NW 14TH CT.	
12.16 TITLE	PEMBROKE PINES FL	<input type="checkbox"/> DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY & STATE		

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 TITLE	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 NAME	
13.17 STREET ADDRESS	
13.18 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.07(2)(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 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 a supplemental filing with an address.

SIGNATURE: *Leonard Adler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 9615664

CR2E034 (12/95)