

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 445548 (1)**

1. Corporation Name  
**LEONARDFLA, INC.**

Principal Place of Business <b>5740 HOLLYWOOD BLVD #500 HOLLYWOOD FL 33021</b>	Mailing Address <b>5740 HOLLYWOOD BLVD #500 HOLLYWOOD FL 33021-6363</b>
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2. Principal Place of Business <b>6151 Miramar Parkway</b> Suite, Apt. #, etc.		2a. Mailing Address <b>6151 Miramar Pkwy #327</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/13/1974</b>	3a. Date of Last Report <b>02/27/1996</b>
22. <b>#327</b> City & State		27. <b>#327</b> City & State		4. FEI Number <b>59-1515337</b>	Applied For <input type="checkbox"/> Not Applicable
23. <b>Miramar FL</b> Zip Country		28. <b>Miramar FL</b> Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24. <b>33023</b>		25. <b>Broward</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
29. <b>33023</b>		30. <b>FL</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ADLER, LEONARD 5740 HOLLYWOOD BLVD #500 HOLLYWOOD FL 33021</b>		10. Name and Address of New Registered Agent 81. Name <b>Adler, Leonard</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>271 S Hollybrook Dr.</b> 83. 84. City <b>Pembroke Pines, FL</b> 85. Zip Code <b>33025</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FEIERSTDT, BERNICE 1300 ST CHARLES PL #417 PEMBROKE PINES, FL 00000</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ADLER, LEONARD 271 S HOLLYBROOK DR PEMBROKE PINES, FL 00000</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD GROSS, ILLENE S 12264 SW 29TH TERR MIAMI, FL 00000</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ADLER, MILLICENT E 9301 NW 14TH CT. PEMBROKE PINES FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Leonard Adler 4/10/97 954 961 5664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)