

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 # 489841 (7)

1. Corporation Name
LEONARD GREENBERG, P.A.



Principal Place of Business: 15790 S.W. 258TH STREET HOMESTEAD FL 33001
Mailing Address: 15790 S.W. 258TH STREET HOMESTEAD FL 33001

3. Date Incorporated or Qualified: 11/04/1975
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-1639912
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

21. Principal Place of Business: State, Apt. #, etc.; City & State; Zip; Country
22. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country
23. g. Name and Address of Current Registered Agent: PRESS, MARTIN R, 500 E BROWARD BLVD, STE 1130, FT LAUDERDALE FL 33394

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: _____ DATE: _____
SIGNATURE OF REGISTERED AGENT: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: PD
2. NAME: GREENBERG, LEONARD
3. STREET ADDRESS: 15790 S.W. 258TH STREET
4. CITY-STATE-ZIP: HOMESTEAD FL
5. TITLE: S
6. NAME: GREENBERG, LEONARD
7. STREET ADDRESS: 15790 S.W. 258TH STREET
8. CITY-STATE-ZIP: HOMESTEAD FL
9. TITLE: T
10. NAME: GREENBERG, LEONARD
11. STREET ADDRESS: 15790 S.W. 258TH STREET
12. CITY-STATE-ZIP: HOMESTEAD FL
13. TITLE: [] DELETE
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:
17. TITLE: [] DELETE
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-ZIP:
21. TITLE: [] DELETE
22. NAME:
23. STREET ADDRESS:
24. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:
5. TITLE: [] Change [] Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:
9. TITLE: [] Change [] Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP:
13. TITLE: [] Change [] Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:
17. TITLE: [] Change [] Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26 1996 (305) 2459997
Date Daytime Phone #

CR2E034 (12/95)