

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 496015

(9)

1. Corporation Name

THE LEONARD PARKER COMPANY

Principal Place of Business

550 BILTMORE WAY  
CORAL GABLES FL 33134

Mailing Address

550 BILTMORE WAY  
CORAL GABLES FL 33134-5730

3. Date Incorporated or Qualified  
01/13/1976

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-1646727

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

9. Name and Address of Current Registered Agent

ULLMAN, SAMUEL C.  
% KELLEY DRYE & WARREN  
201 S. BISCAYNE BLVD., SUITE 2400  
MIAMI FL 33131

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PARKER, LEONARD	
STREET ADDRESS	5575 SW 93RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	PARKER, DOUGLAS	
STREET ADDRESS	941 MATANZAS AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, BARBARA	
STREET ADDRESS	5575 SW 93RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	FST	<input type="checkbox"/> DELETE
NAME	PARKER, PHILIP	
STREET ADDRESS	8485 S.W. 147TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, MITCHELL	
STREET ADDRESS	10669 LA GRANGE AVE	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, BRADLEY	
STREET ADDRESS	1425 ALBERCA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.1 Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	2.1 President & CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Executive Vice President & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Howard Anders	
3.3 STREET ADDRESS	210 Hospitality Worldwide Services	
3.4 CITY-ST-ZIP	450 Park Avenue New York, New York	
4.1 TITLE	Secretary and Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dolores Hirsch	
4.3 STREET ADDRESS	1365 N. Biscayne Point Road	
4.4 CITY-ST-ZIP	Miami Beach, Florida 33141	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0181681

CRE034 (9/96)