

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90019 026 ****158.75

DOCUMENT # **496015**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1976

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ULLMAN, SAMUEL C
C/O 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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **C** ☐ DELETE
NAME: **PARKER, LEONARD**
STREET ADDRESS: **5575 SW 93RD ST.**
CITY-ST-ZIP: **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE: **PCEO** ☐ DELETE
NAME: **PARKER, DOUGLAS**
STREET ADDRESS: **941 MATANZAS AVE.**
CITY-ST-ZIP: **CORAL GABLES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE: **EVP** ☐ DELETE
NAME: **ANDERS, HOWARD**
STREET ADDRESS: **450 PARK AVE.**
CITY-ST-ZIP: **NEW YORK NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE: **ST** ☐ DELETE
NAME: **HIRSH, DOLORES**
STREET ADDRESS: **1365 N. BISCAYNE POINT RD.**
CITY-ST-ZIP: **MIAMI BEACH FL 33141**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)