SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT #

1. Corporation Name (8)52621 PAUL LEDERMAN, INC. Mailing Address Principal Place of Business 10293 NW 46 ST. 10293 NW 46 ST. SUNRISE FL 33351 SUNRISE FL 33351 3a. Date of Last Report 3. Date Incorporated or Qualified 01/30/1995 02/18/1977 Applied For 4. FEI Number Mailing Address 2. Principal Place of Business 2a. NOT APPLICABLE Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite Apt #, etc Fee Required 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Ζıp Country Zip Yes D No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEDERMAN, PAUL Street Address (P.O. Box Number is Not Acceptable) 82 7208 FAIRFAX DR. TAMARAC FL 33321 83 85 Zip Code 84 City 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. (YOTE Registe of Agent's goal or required when rensiting) DATE SIGNATURE Signatine it (so discipline time anof dispersion agent and to enhapping about ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)OFFICERS AND DIRECTORS 13. 12. DELF16 1.1 TULE TILLE LEDERMAN, PAUL 1.2 NAME NAME 1.3 STREET ADDRESS 7208 FAIRFAX DR. STREET ADDRESS TAMARAC FL 1.4 CITY - S1 - 7IP CITY-ST-ZIP Change Addition DELETE 2 1 Till F SD TITLE 2.2 NAME LEDERMAN, SLYVIA NAME 7208 FAIRFAX DR. 2 3 STHEET ADDRESS STREET ADDRESS TAMARAC FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 31 THUE THILE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY - ST - ZiP CITY - ST - ZIP Change Addition DELETE 4 1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C-TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THILE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 6 1 THILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - 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 1 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 office or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 of Block 13 if challed, or on an attachment with an address. 14 /96 989. 749-1788

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