

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 526211 (8)  
1. Corporation Name  
PAUL LEDERMAN, INC.



Principal Place of Business  
10293 NW 46 ST.  
SUNRISE FL 33351

Mailing Address  
10293 NW 46 ST.  
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEDERMAN, PAUL 7208 FAIRFAX DR. TAMARAC FL 33321				10. Name and Address of New Registered Agent	
				81	Name WAXMAN, MICHAEL
				82	Street Address (P.O. Box Number is Not Acceptable) 11421 NW 41 Street
				83	
				84	City SUNRISE
				85	Zip Code 33323

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 607.0605, Florida Statutes.

SIGNATURE *Michael Waxman* MICHAEL WAXMAN Pres. 3/22/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	LEDERMAN, PAUL	1.2 NAME	WAXMAN, MICHAEL
STREET ADDRESS	7208 FAIRFAX DR.	1.3 STREET ADDRESS	11421 NW 41 Street
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	SD	2.1 TITLE	V/P
NAME	LEDERMAN, SYLVIA	2.2 NAME	LEDERMAN, SYLVIA
STREET ADDRESS	7208 FAIRFAX DR.	2.3 STREET ADDRESS	7208 FAIRFAX DR.
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE		3.1 TITLE	S/T
NAME		3.2 NAME	WAXMAN, DIANE
STREET ADDRESS		3.3 STREET ADDRESS	11421 NW 41 Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Michael Waxman* 3/22/98 94749/258

CR2E034 (10/97)