

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

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 99 MAR 18 AM 8:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 612755

AMENDED

1. Corporation Name
 LEHMAN MANUFACTURING COMPANY, INC.

Principal Place of Business
 3700 NE 6TH DRIVE
 BOCA RATON FL 33431

Mailing Address
 3700 NE 6TH DRIVE
 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 03/13/1979

4. FEI Number
 22-1868987

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

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHMAN, ROGER
 3700 NE 3TH DRIVE
 BOCA RATON, FL
 33431

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 reappointing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEHMAN, ROGER	12 NAME	
STREET ADDRESS	3700 NE 6TH DR	13 STREET ADDRESS	200002820522--5
CITY-ST-ZIP	BOCA RATON, FL 00000	14 CITY-ST-ZIP	-03/26/99--01105--014
TITLE	STD	21 TITLE	*****61.25 *****61.25
NAME	LEHMAN, JEANNE A	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	3700 NE 6TH DR	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LEHMAN, JOAN T	32 NAME	
STREET ADDRESS	78 LAIGHT ST	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE		41 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME		42 NAME	SCOTT T. RHINE
STREET ADDRESS		43 STREET ADDRESS	399 N.W. Boca Raton Blvd.
CITY-ST-ZIP		44 CITY-ST-ZIP	Boca Raton, FL. 33432
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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]* VP
 3/15/99
 1/5/99 561-393-4687