

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 PM 6:56

DOCUMENT # **625866** (9)  
1. Corporation Name  
**LENMUR DEVELOPMENTS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**340 ROYAL PALM WAY  
P. O. BOX 2525  
PALM BEACH FL 33480**

Mailing Address  
**340 ROYAL PALM WAY  
P. O. BOX 2525  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified **06/14/1979** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-1971592** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

22. City & State 27. City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24. Zip Country 25. Country 29. Zip Country 30. Country 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**MURPHY, EUGENE W., JR.**  
**340 ROYAL PALM WAY**  
**PALM BEACH FL 33480**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHBERG, LENA ELIZABETH</b>	1.2 NAME	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BRANTFORD, ONTARIO, CA</b>	1.4 CITY, ST, ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHBERG, MURRAY</b>	2.2 NAME	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BRANTFORD, ONTARIO, CA</b>	2.4 CITY, ST, ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHBERG, LENA E.</b>	3.2 NAME	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BRANTFORD, CANADA</b>	3.4 CITY, ST, ZIP	
TITLE	<b>VST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHBERG, MURRAY</b>	4.2 NAME	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>BRANTFORD, CANADA</b>	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 Sections 110.07(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.

SIGNATURE: *L.E. Rothberg* **L. E. ROTHBERG** **03/24/95** **519-752-1220**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Signature Over)