


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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 625866 (9)**  
1. Corporation Name  
**LENMUR DEVELOPMENTS, INC.**

Principal Place of Business <b>340 Royal Palm Way P.O. BOX 2525 PALM BEACH, FL. 33480</b>	Mailing Address <b>340 Royal Palm Way P.O. BOX 2525 PALM BEACH, FL. 33480</b>
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/14/1979</b>	3a. Date of Last Report <b>04/23/96</b>
4. FEI Number <b>59-1971592</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MURPHY, EUGENE W., JR.  
340 ROYAL PALM WAY  
PALM BEACH FL. 33480**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROTHBERG, LENA ELIZABETH</b>	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	
CITY-STATE-ZIP	<b>BRANTFORD, ONTARIO, CA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROTHBERG, MURRAY</b>	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	
CITY-STATE-ZIP	<b>BRANTFORD, ONTARIO, CA</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>ROTHBERG, LENA E.</b>	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	
CITY-STATE-ZIP	<b>BRANTFORD, ONTARIO, CA</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>ROTHBERG, MURRAY</b>	
STREET ADDRESS	<b>11 SUSSEX AVENUE</b>	
CITY-STATE-ZIP	<b>BRANTFORD, ONTARIO, CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

**800002160388**  
**-04/30/97--01038--037**  
**\*\*\*165.00**

14. I do 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 included 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** **04/17/97.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)