

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 680621 (0)

1. Corporation Name

LEHIGH ENTERPRISES, INC.



Principal Place of Business

8174 N. UNIVERSITY DRIVE  
TAMARAC FL 33321  
US

Mailing Address

8174 N. UNIVERSITY DRIVE  
TAMARAC FL 33321  
US

3. Date Incorporated or Qualified  
07/24/1980

3a. Date of Last Report  
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2028704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLASS, ARNOLD  
8174 N UNIVERSITY DRIVE  
BLDG 4  
TAMARAC FL 33321

81. Name

Jeffrey Alan Glass

82. Street Address (P.O. Box Number is Not Acceptable)

8174 N. University Drive

83.

84. City

Tamarac

FL

85. Zip Code

33321

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 provisions of, Section 607.0503 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, not applicable.

(NOTE: Registered Agent signature required when reinstating)

DAY

JEFFREY A. GLASS, President 5/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLASS, ARNOLD	
STREET ADDRESS	8174 N UNIVERSITY DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GLASS, JUDY	
STREET ADDRESS	8174 N UNIVERSITY DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GLASS, JEFFREY	
STREET ADDRESS	8174 N UNIVERSITY DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GLASS, Jeffrey A.	
1.3 STREET ADDRESS	8174 N. University Dr.	
1.4 CITY-ST-ZIP	TAMARAC, FLA. 33321	
2.1 TITLE	Vice Pres + Director + Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLASS, Judy	
2.3 STREET ADDRESS	8174 N. University Dr.	
2.4 CITY-ST-ZIP	TAMARAC, FLA 33321	
3.1 TITLE	Chairman + Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARNOLD GLASS	
3.3 STREET ADDRESS	8174 N. University Dr.	
3.4 CITY-ST-ZIP	TAMARAC, FLA. 33321	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 (954) 724-8888

CR2E034 (12/95)