

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33321-1708
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt #, etc.

22

27

City & State

23

28

Zip

24

25

Country

29

Zip

30

31

Country

9. Name and Address of Current Registered Agent

GLASS, JEFFREY ALAN
8174 N UNIVERSITY DRIVE
TAMARAC FL 33321

81 Name

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

83

84 City

FL 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, JEFFERY A.		1.2 NAME
STREET ADDRESS	8174 N UNIVERSITY DR		1.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP
TITLE	VDS	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, JUDY		2.2 NAME
STREET ADDRESS	8174 N UNIVERSITY DR		2.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321		2.4 CITY-ST-ZIP
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, ARNOLD		3.2 NAME
STREET ADDRESS	8174 N UNIVERSITY DR		3.3 STREET ADDRESS
CITY-ST-ZIP	TAMARAC FL 33321		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 any address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 23 1997 8:00am
Secretary of State



CR2E034 (9/96)

1/14/97 (854) 724-8886
Date Daytime Phone #

999999