CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Wortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

**(Q)** 

LEHIGH ENTERPRISES, INC.

Principal Place of Business		Maning Address	Mailing Address						
8174 N. UNIVE	RSITY DRIVE	8174 N. UNIVERSITY	8174 N. UNIVERSITY DRIVE TAMARAC FL 33321						
TAMARAC FL 3	13321	TAMARAC FL 33321				į.			
US		US	US			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						07/24/1980			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For		
21		26	—¬			59-2029704	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc	- '				<del></del>		
		<u>⊢</u> ¬	ן ' ' '			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
22		27	*·· ·				<del></del>		
City & State		<u>⊢</u> ¬ '	City & State			6. Election Campaign Financing	\$5.90 May Be		
23		28	<del></del>			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	Country		8. This corporation owes or has paid the cu			
24	25 29 30		30			Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Cur	rent Registered Agent		Ĺ		10. Name and Address of New Registered	Agent		
GLAS	SS, JEFFREY ALAN			81	Name				
	I N UNIVERSITY DRIVE				<b></b>				
1				82	Street Add	ress (P.O. Box Number Is Not Acceptable)			
IAM	ARAO FL 33321			83	<b> </b> -				
				83	1				
1	•			84	City		85 Zip Code		
					City	FL	_   05   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	agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutés.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
<u></u>				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD .				<del></del>	ADDITIONS/CHANGES TO OFFICERS A	<del></del>		
1	• •	L DELET	<b>.</b>		ľ		Change Addition		
NAME	GLASS, JEFFERY A.		1.2 NA		ļ.				
STREET ADDRESS	8174 N UNIVERSITY DR		1.3 ST	REET.	ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CI	TY-ST	-ZIP				
TITLE	VDS	DELET	E 2.1 TO	<b>TLE</b>	Į.		Change Addition		
NAME	GLASS, JUDY		2.2 NA	WE	Ì				
STREET ADDRESS	8174 N UNIVERSITY DR		23 ST	REET	ADDRESS				
1	TAMARAC FL 33321								
CITY-ST-ZIP TITLE	CDT	F12	2.4 Cl <sup>1</sup> F 3.1 Tl <sup>2</sup>		-214				
						Change Addition			
NAME	GLASS, ARNOLD					}			
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	TAMARAC FL		3.4 CI	TY-ST	-ZIP				
TITLE		DELET	E 4.1 Tr	TLE			Change Addition		
NAME			4.2 NA	ME		fw 7-23	₹-a Ø		
STREET ADDRESS			4.3 ST	REET	ADDRESS	the 10	7 10		
CITY-ST-ZIP	4		4.4 CI			U			
TITLE	<u> </u>						<b>7</b>		
i		L DELET					L_ Change		
NAME			5.2 NA						
STREET ADDRESS	:		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>		5.4 Cf	TY-ST	ZIP				
TITLE		DELET	6.1 Tr	LE	7		Change Addition		
NAME	,		6.2 NA	ME		<b>800</b> 0025986 -07/27/9801002	38°		
STREET ADDRESS			1		ADDRESS	-07/27/9801002	กรัฐ		
DILCENTATION S	İ		0.30	NECTI	いちいいにから	was and the wind the following the second of	~~~		

14. I 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 (rustee 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.

( Rock Strict

CITY-ST-ZIP

\*\*\*150.00

19541724-888

**FILED** 

Jul 23 1998 8:00am

Secretary of State

Administrative Offices & Showroom SUN51OWER SHOPPING PLAZA 8174 N. UNIVERSITY DRIVE TAMARAC, FL 33321 (954) 724-8888 FAX # (954) 724-8855

## **GALLERY OF CARPETS**

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July 1, 1998

Division of Corporations Annual Reports Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I have enclosed the annual report filing for LEHIGH ENTERPRISES, INC. and the \$150.00 annual fee. I just spoke to service agent Sean at the Division of Corporations and explained that I never received the first notice for filing otherwise it would have been filed and paid in a timely manner. Sean told me that these are computer generated and I should write this letter and send the standard fee. I thank you in advance for your cooperation concerning this matter.

Sincerely,

LEHIGH ENTERPRISES, INC.

Jeffrey Glass, Registered Agent