


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F25816
 1. Entity Name
LEONARD C. HOLLANDER C.L.U. & ASSOCIATES, INC.



Principal Place of Business Mailing Address
TWO SOUTH BISCAYNE BLVD SUITE 2390 MIAMI FL 33131 US

2. Principal Place of Business Suite, Apt #, etc.
 3. Mailing Address Suite, Apt #, etc.

City & State Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2074061**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HOLLANDER, HOWARD J
 TWO SOUTH BISCAYNE BLVD
 SUITE 2390
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOLLANDER, LEONARD C 550 W CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000043835 02/10/04-80080-018 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HOLLANDER, HARRIET 550 W CYPRESS CREEK RD SUITE 300 FORT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOLLANDER, HOWARD J TWO S BISCAYNE BLVD SUITE 2390 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard J. Hollander *H.J. Hollander* **V.P. & Director** *1/29/04* **305-368-4633**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #