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Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F59087 (9)

1. Corporation Name  
ENGELBERG, CANTOR & LEONE, P.A.



Principal Place of Business Mailing Address  
% MORRIS ENGELBERG % MORRIS ENGELBERG  
3230 STIRLING RD 3230 STIRLING RD  
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-2041

3. Date Incorporated or Qualified 12/21/1981 3a. Date of Last Report 01/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2143797	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

ENGELBERG, MORRIS  
3230 STIRLING RD  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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	DPT	1.1 TITLE	
NAME	ENGELBERG, MORRIS	1.2 NAME	
STREET ADDRESS	3081 N 35TH ST 1400 Shoreline Way	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	
NAME	CANTOR, JERALD C.	2.2 NAME	
STREET ADDRESS	3130 N. 49TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	<del>DPT</del>	3.1 TITLE	
NAME	<del>KUSHNER, LES. S</del>	3.2 NAME	
STREET ADDRESS	<del>13001 SW 30TH COURT</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>DAVE FL</del>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	MILGRIM, LAURIE E	4.2 NAME	
STREET ADDRESS	10253 CAPRI STR	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 in an attachment with an address.

CR2E034 (9/96)