

21 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 # **F79071** (9)

1. Corporation Name

LENNAR CORPORATE CENTER, INC.



Principal Place of Business

**C/O MORRIS J WATSKY
700 NW 107TH AVE
MIAMI FL 33172**

Mailing Address

**C/O MORRIS J WATSKY
700 NW 107TH AVE
MIAMI FL 33172**

3. Date Incorporated or Qualified
04/07/1982

3a. Date of Last Report
05/01/1995

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

29

9. Name and Address of Current Registered Agent

4. FET Number

59-2200697

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

10. Name and Address of New Registered Agent

**WATSKY, MORRIS J
700 NW 107TH AVE
MIAMI, FL
33172**

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 of Registered Agent

Signature of Agent Submitting this Statement

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**CD
MILLER, LEONARD
700 NW 107 AVE
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
**DV
BOLOTIN, IRVING
700 NW 107 AVE
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
**SD
COLE, ROBERT B
700 NW 107 AVE
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
**VSD
PEKOR, ALLAN J.
700 NW 107 AVE
MIAMI, FL 00000**

TITLE ☐ DELETE

NAME
**AS
SANTAELLA, GRACE
700 N.W. 107TH AVENUE
MIAMI FL**

TITLE ☐ DELETE

NAME
**AS
WATSKY, MORRIS J.
700 NW 107 AVE
MIAMI FL**

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. 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:

Grace Santaella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Santaella

4/4/96 (305) 229-6400
DATE TELEPHONE #

CR2E034 (12/95)