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 # **F94000004622 (6)**

1. Corporation Name

LEONARD WHOLESALE, INC.

Principal Place of Business	Mailing Address
9319 W. SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065	9319 W. SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0491062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENTHAL, ALAN
3300 UNIVERSITY DR.
SUITE 305
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Mitchell Kobran
82 Street Address (P.O. Box Number is Not Acceptable): 9319 west Sample Rd. #203
83:
84 City: Coral Springs FL 85 Zip Code: 33065

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	WARREN, ROBERT		1.2 NAME	Warren, Robert	
STREET ADDRESS	833 N.E. 18TH CT.		1.3 STREET ADDRESS	6238 NW 83rd. Lane	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305		1.4 CITY-ST-ZIP	Parkland, Fl. 33067	
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	MAZIN, MARK		2.2 NAME	Mazin, Mark	
STREET ADDRESS	1960 OAKMONT TER.		2.3 STREET ADDRESS	12151 NW 10th St.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	Coral Springs, Fl. 33071	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KOBRAN, MITCHELL		3.2 NAME	Kobran, Mitchell	
STREET ADDRESS	170523 BOCA CLUB BLVD.		3.3 STREET ADDRESS	10330 N.W. 63rd. Drive	
CITY-ST-ZIP	BOCA RATON FL 33487		3.4 CITY-ST-ZIP	Parkland, Fl. 33076	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	400001783144	
STREET ADDRESS			5.3 STREET ADDRESS	-03/05/96--01116--010	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: _____ 12/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #