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Apr 23 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 # F96000004803 (0)

1. Corporation Name
BERGER, LEHMAN ASSOCIATES, P.C.

Principal Place of Business
411 THEODORE FREMD AVENUE
RYE NY 10580

Mailing Address
411 THEODORE FREMD AVENUE
RYE NY 10580-1410



3. Date Incorporated or Qualified
09/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
13-2765026

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

10. Name and Address of New Registered Agent

LEHMAN, CHRISTOPHER A
3411 NW 9TH AVE., STE 708
FT LAUDERDALE FL 33309-5941

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO ☐ DELETE

NAME LEHMAN, LAWRENCE H
STREET ADDRESS 10 CHESTER DRIVE
CITY-ST-ZIP RYE NY

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SCHMITZ, WILLIAM J
STREET ADDRESS #12 THE KNOLL
CITY-ST-ZIP PLEASANTVILLE NY

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☒ DELETE

NAME BERGER, LOUIS
STREET ADDRESS 16992 ROSE APPLE DRIVE
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE ☐ Change ☒ Addition

TITLE V ☐ DELETE

NAME STARKEY, GEORGE
STREET ADDRESS 2333 5TH AVENUE
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME SHEA, GERALD
STREET ADDRESS 5 PLACID LAKE LANE
CITY-ST-ZIP WESTPORT CT

5.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME DIERKS, HANS J
STREET ADDRESS 94 BARRETT HILL RD
CITY-ST-ZIP MAHOPAC NY

6.1 TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAWRENCE H. LEHMAN 4/16/97 914-967-5800

CR2E034 (9/96)