

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

13-2765026

Applied For

Not Applicable

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

25

29

30

9. Name and Address of Current Registered Agent

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

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 Sections 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D
QUINN, PAT**
STREET ADDRESS **3 WALTER HOUPT CT, NE**
CITY - ST - ZIP **WASHINGTON DC**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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

4/29/98

Daytime

CR2E034 (10/97)