

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97561 (7)

1. Corporation Name

LEONARD S. JAFFE & ASSOCIATES, INC.

Principal Place of Business

2600 N. MILITARY TRAIL
SUITE 413
BOCA RATON FL 33431

Mailing Address

2600 N. MILITARY TRAIL
SUITE 413
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1982

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2264346

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

2. Principal Place of Business

21 1515 N. FEDERAL HWY

2a. Mailing Address

26 1515 N. FEDERAL HWY

Suite, Apt. #, etc.

22 SE 300

Suite, Apt. #, etc.

27 SE 300

City & State

23 BOCA RATON FL

City & State

28 BOCA RATON FL

Zip

24 33431

Country

25 USA

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

JAFFE, LEONARD S
2600 N. MILITARY TRAIL 1515 N. FEDERAL HWY
SUITE 413 300
BOCA RATON FL 33431

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

LEONARD S. JAFFE

(NOTE: Registered Agent's signature required when reappointing)

4/10/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	JAFFE, LEONARD S
STREET ADDRESS	2600 N MILITARY TRAIL
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OK	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1515 N. FEDERAL HWY STE 300	
1.4 CITY - ST - ZIP	BOCA RATON FL 33431	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

(Signature and typed or printed name of signing officer or director)

LEONARD S. JAFFE PRES

4/10/95

407-496-4620