FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:17

DOCUMENT # G33166 (1)

1. Corporation Name
JOSEPH LEHMAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% JOSEPH LEHMAN 4550 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA FL 33308	% JOSEPH LEHMAN 4550 WEST TRADEWINDS AVENUE LAUDERDALE BY THE SEA FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1983
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business	2a. Mailing Address
21 2323 St Rd 84	26 2323 St. Rd. 84
Suite, Apt. #, etc. 22 346 Slocum	Suite, Apt. #, etc. 27 346 Slocum
City, State 23 Ft. Laud. Fl	City, State 28 Ft. Laud. Fl
Zip 24 33312 Country 25 Broward	Zip 29 33312 Country 30 Broward

4. FEI Number: 59-2281494 ☐ 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

LEHMAN, JOSEPH
4550 WEST TRADEWINDS AVENUE
LAUD. BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2323 St Rd 84
83 346 Slocum
84 City Ft. Lauderdale FL 85 Zip Code 33312

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: Joseph Lehman 3/31/95
(Typed or printed name of Registered Agent and Title, if applicable) (Date) (Registered Agent signature required when checked)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	LEHMAN, JOSEPH	12 NAME	
STREET ADDRESS	4550 W. TRADEWINDS AVE.	13 STREET ADDRESS	2323 St. Rd. 84 346 Slocum
CITY ST ZIP	LAUD. BY THE SEA FL	14 CITY ST ZIP	Ft. Laud. Fl 33312
TITLE	VPD	21 TITLE	☒ Change ☐ Addition
NAME	LEHMAN, JOYCE	22 NAME	
STREET ADDRESS	4550 W. TRADEWINDS AVE.	23 STREET ADDRESS	3750 Ocean Drive Apt 803
CITY ST ZIP	LAUD. BY THE SEA FL	24 CITY ST ZIP	Ft. Laud. Fl 33308
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: Joseph Lehman 3/31/95 305 492-7825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0213031 CP