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 FEB -7 PM 2:46

DOCUMENT # G90690 (0)

1. Corporation Name
SHEPARD, LESKAR & LEVINE, P.A.

Principal Place of Business	Mailing Address
409 SE 7TH ST FT LAUDERDALE FL 33301	409 SE 7TH ST FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1984
3a. Date of Last Report: 02/17/1994

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: 59-2431405 ☐ 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

LESKAR, DAVID W.
409 SE 7TH ST
FT LAUDERDALE FL 33301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE		☒ Change ☐ Addition
NAME	SHEPARD, MURRAY E.	1.2 NAME		
STREET ADDRESS	5320 CYPRESS RD.	1.3 STREET ADDRESS	409 S.E. 7TH ST	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	VDS	2.1 TITLE		☒ Change ☐ Addition
NAME	LESKAR, DAVID W.	2.2 NAME		
STREET ADDRESS	6041 SW 15TH ST.	2.3 STREET ADDRESS	409 S.E. 7TH ST	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE	TD	3.1 TITLE		☒ Change ☐ Addition
NAME	LEVINE, ALAN S.	3.2 NAME		
STREET ADDRESS	820 GORDNIN LANE	3.3 STREET ADDRESS	409 S.E. 7TH ST	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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: D. Leskar, V.P. DAVID W. LESKAR, V.P. 2/3/95 305-467-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0200666 CP