

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90118 019 ***150.00

DOCUMENT # G90690 1. Corporation Name

SHEPARD & LESKAR, P.A.

ONEFAN	D a LESIMAN, FIM											
Principal Plac	e of Business	Ма	iling Address									
100 SOUTH PI	NE ISLAND RD.	100	SOUTH PINE ISLAND RD).								
#201							DO NOT WRIT	F IN THIS	SPACE			
PLANTATION F	L 33324	PLA US	LANTATION FL 33324			3. Date Incorporated or Qualified				7		
US		บง					7.	02/06/1984				
	·	T 2-	Mallina Address				1	FEI Number			Applied For	†
<u> </u>	lace of Business	⊢ ¬	Mailing Address				"	59-2431405			lot Applicable	1
21		26	Suite, Apt. #, etc.				┼	33 243 1400			Additional	1
Suile, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired			Required	-
22		27	City & State				+-	Election Campalgn Financing			May Be	1
City & Stat			City a State			. · .		Trust Fund Contribution			to Fees	Į
23	Country	28	Zìp	Cou	ntrv		+-	This corporation owes the curre	nt vear inte			1
Zip		-	3	¬	,		-	Personal Property Tax.	700	Yes	□No	
24	9. Name and Address of Current	29		0	Γ		10.	Name and Address of New R	egistered /	Agent		1
	5. Name and Address of Current	regisi	oreo Agera		81	Name				•]
LFS	KAR, DAVID W.				\sqcup							-
	SE 7TH ST				82	Street Addre	ss (F	2.O. Box Number is Not Accepta	He)		-	
	AUDERDALE FL 33301				83							1
,,,	ADDENDALE I E GOOD!				"							4
					84	City			FL	85 Zig	Code	
										changing i	s registered	ł
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	and 60 EFlorid	17.1508, Florida Statutes a. Such change was aut	i, the ai horized	bove-	named corpo na corporation	n'abo	pard of directors. I hereby accep	the appoin	tment as	egistered	
agent. I a	m familiar with, and accept the obligation	ons of,	Section 607.0505, Florid	la Statı	ıtes.							Į.
SIGNATURE									DATE			1_
	Signature, typed or printed name of registered agent is		. 	13.	Agent	signature required	when	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12	1 8
12.	OFFICERS AND	DIKE	DELETE	1,1 77	,	- T-		ADDITIONOUS TO THE OUT		Change		CR2E034 (11/98)
TITLE	DPT AND MIDDLY F		C) DECENT	12 N		1						4
NAME	SHEPARD, MURRAY E.											🖁
STREET ADDRESS	409 S.E. 7TH ST.					UDDRESS						👸
CITY-ST-ZIP	FT. LAUDERDALE FL 33301				TY-ST-	Z7P						ხ
DILE	VDS		C] ocution	-						Change	Addition	
NAME			☐ DELETE	2.1 TI	TLE	l				Change	Addition	1.
americano	LESKAR, DAVID W.		☐ DELETE	2.1 TT 2.2 NA	rle We			_ , /	· ·	Change	Addition	.
STREET ADDRESS	409 S.E. 711 ST		☐ OELETE	2.1 TTT 2.2 NA 2.3 ST	TLE WIE TREET	NOORESS				Change	Addition	-
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	409 S.E. 711 ST		☐ DELETE	2.1 TTT 2.2 NA 2.3 ST 2.4 Ct 3.1 TTT	TLE TREET / TTY-ST TLE	I				☐ Change	<u>-</u>	
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4. I hereby certify that the information supplied with this filing does not qualify for the examption 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 and officer or director of the corporation or the receiver or trustee ampowered 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, with all other like empowered.

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3/22/99

954-915-8120