

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H63963** (3)

1. Corporation Name:

LEDETT, INC.



Principal Place of Business:

% GERALD SILVERMAN
28 WEST FLAGLER STREET, SUITE 300
MIAMI FL 33130

Mailing Address:

% GERALD SILVERMAN
28 WEST FLAGLER STREET, SUITE 300
MIAMI FL 33130

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

SILVERMAN, GERALD
28 WEST FLAGLER STREET
SUITE 300
MIAMI FL 33130

3. Date Incorporated or Qualified

06/24/1985

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2548022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☐ No

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 607.0802 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 607.0804, Florida Statutes.

SIGNATURE

Signature of the person making the change (must be the registered agent)

Signature of the person making the change (must be the registered agent)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

P
NAME: PETIT, MARIE
STREET ADDRESS: 927 NE 72 TERRACE
CITY-STATE-ZIP: MIAMI FL

2. TITLE ☐ DELETE

D
NAME: SILVERMAN, GERALD
STREET ADDRESS: 28 W FLAGLER ST #300
CITY-STATE-ZIP: MIAMI FL

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

4. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

5. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

6. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME:

1. STREET ADDRESS:

1. CITY-STATE-ZIP:

2. TITLE ☐ Change ☐ Addition

2. NAME:

2. STREET ADDRESS:

2. CITY-STATE-ZIP:

3. TITLE ☐ Change ☐ Addition

3. NAME:

3. STREET ADDRESS:

3. CITY-STATE-ZIP:

4. TITLE ☐ Change ☐ Addition

4. NAME:

4. STREET ADDRESS:

4. CITY-STATE-ZIP:

5. TITLE ☐ Change ☐ Addition

5. NAME:

5. STREET ADDRESS:

5. CITY-STATE-ZIP:

6. TITLE ☐ Change ☐ Addition

6. NAME:

6. STREET ADDRESS:

6. CITY-STATE-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)(a), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

379-5681

CR2E034 (12/95)