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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

J04597

(7)

LEENART OF FLORIDA, INC.

Principal Place of Business 200 W. PALMETTO PK RD. SUITE 306 BOCA RATON FL 33432		Mailing Address			AFII FRAL AHAIN BIR	IN MEMAN MANDIA MENDEN MEMAN KANDI		
		200 W. PALMETTO PK., RD. Suite 306 Boca raton fl 33432						
				,,	3. Date Incorporated or Qualified 03/18/1986		of Last Report 5/01/1995	
2. Principal Pl.	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2751242		Applied For Not Applicable	
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Ζφ 24				Country 8. This corporation has liability for intan 30 Florida Statutes Sylves			ngible tax under s. 199.032,	
	Name and Address of Curr	rent Registered Agent			10. Name and Address of New		Agent	
			81	Name				
EPSTEIN	i, irene a		82	Street Add	ress (P.O. Box Number is Not Accept	atyle)	··	
	PALMETTO PK., RD			Office Fide	read the box various is Not videopt	aoioj		
SUITE 3	- -		83	• 1122				
BOCA R	ATON FL L3432		84	City			[as 7 - 0 - 1 -	
				*		FL	85 Zip Code	
familiar wit	o the provisions of Sections 607.0t od agent, or both, in the State of Fi th, and accept the obligations of, Si	onaa loaan charge was aantor	izea by the coro	iamed corpo pration's boa	ration submits this statement for the pard of directors. Thereby accept the ap	surpose of cha appointment as	inging its registered office registered agent. I am	
SIGNATURE	Signature, typed or printed name of recustered as	polar i tro dapolear e di	VOIE Bisjetered Ageir		of when man 1 days	DATE		
12.		AND DIRECTORS	1 3.	r - J. Alex et - Copier	ADDITIONS/CHANGES TO O		DIRECTORS IN: 12	
TITLE	PD	☐ DELETE	1.1301.6		7.0011010101011110001010	·	Change Addition	
NAME	EPSTEIN, IRENE A		1.2 NAME					
STREET ADDRESS	200 W. Palmetto PK., RC).	13 STREET	ADDRESS				
CHTY - ST - ZIF	BOCA RATON FL 33432		140HY S	T - ZIP				
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NAME			3.2 NAME					
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CITY+ST-ZIP TITLE		— — — — — — — — — — — — — — — — — — —	4 4 CHY · S	1 · 7IP				
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CITY-ST-ZIP			5 3 STREET	- 1			}	
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NAME		L] been	6 1 TATLE			L	Change Addition	
STREET ADDRESS			6.2 NAME	4000000				
			6.3 STREET	- 1				
CITY-SI-ZIP			6.4 CHTY - ST	- II ^p				

14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report is 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:

FIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JRENE A EDSTEIN

4-14-94

Ho7-368-1860