FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 16 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04597** **(7)**

1. Corporation Name
LEENART OF FLORIDA, INC.

Principal Place of Business	Mailing Address
200 W. PALMETTO PK.. RD. SUITE 306 BOCA RATON FL 33432	200 W. PALMETTO PK.. RD. SUITE 306 BOCA RATON FL 33432-3759

2. Principal Place of Business	2a. Mailing Address
21 9999 Glades Rd	26 9999 Glades Rd
Suite, Apt. #, etc. 22 Suite # 209	Suite, Apt. #, etc. 27 Suite # 209
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip / Country 24 33434 / 25 USA	Zip / Country 29 33434 / 30 USA

3. Date Incorporated or Qualified: 03/18/1986
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2751242 ☐ 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	10. Name and Address of New Registered Agent
EPSTEIN, IRENE A 200 W. PALMETTO PK., RD SUITE 306 BOCA RATON FL L3432	81 Name: Stephen A Fahel CPA PA 82 Street Address (P.O. Box Number is Not Acceptable): 9999 Glades Rd, Suite 209 83 84 City: Boca Raton FL 85 Zip Code: 33434

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 [signature] 1-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	EPSTEIN, IRENE A		1.2 NAME	Arthur F White	
STREET ADDRESS	200 W. PALMETTO PK., RD.		1.3 STREET ADDRESS	9999 Glades Rd, Suite 209	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing 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 [signature] Jan 29 '97