

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 15 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J26292

1. Corporation Name

LEON TERMIN, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/29/86

4. FEI Number
59-2706702

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 ~~2234 Bayside Village~~

Suite, Apt. #, etc. ~~2001 WEST 68 ST~~

22 City & State ~~MIAMI FL~~

23 ~~Fisher Island, FL~~

24 Zip ~~33109~~ 33016

25 Country ~~US~~ US

2a. Mailing Address

26 ~~2234 Bayside Village~~

Suite, Apt. #, etc. ~~2001 WEST 68 ST~~

27 City & State ~~MIAMI FL~~

28 ~~Fisher Island, FL~~

29 Zip ~~33109~~ 33016

30 Country ~~US~~ US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
Leon Termin

82 Street Address (P.O. Box Number is Not Acceptable)

83 ~~2234 Bayside Village~~

~~2001 WEST 68 STREET~~

84 City ~~MIAMI~~

~~Fisher Island~~

FL 33016

85 Zip Code
33109

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 *Leon Termin*

10/12/98

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DPST ☒ Change ☐ Addition

12 NAME Termin, Leon 2234 FISHER ISLAND DRIVE

13 STREET ADDRESS 2234 Bayside Village MIAMI FL 33109

14 CITY - ST - ZIP Fisher Island, FL 33109

21 TITLE DAS ☐ Change ☒ Addition

22 NAME Termin, Judith A. 2234 FISHER ISLAND

23 STREET ADDRESS 2234 Bayside Village DRIVE, MIAMI

24 CITY - ST - ZIP Fisher Island, FL 33109 FL 33109

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS 100002666891--2

34 CITY - ST - ZIP -10/19/98-01073-016

41 TITLE ***1772-501 Change ***1772-501

42 NAME REINSTATEMENT 90-98

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I 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: *Leon Termin*

(305) 826-2654

Date

Daytime Phone

CR2E03(10/97)