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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J67825 (6)

1. Corporation Name
JEANNE LESSNER, L.C.S.W., P.A.

Principal Place of Business
% JEANNE LESSNER, L.C.S.W.
1500 SAN REMO, #177
CORAL GABLES FL 33146
US

Mailing Address
% JEANNE LESSNER, L.C.S.W.
1500 SAN REMO, #177
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1987

4. FEI Number

59-2827074

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 7800 Red Road
Suite, Apt. #, etc.
22 201

City & State
23 South Miami Fl

Zip Country
24 33143 25 Dade

2a. Mailing Address

26 7800 Red Road
Suite, Apt. #, etc.
27 201

City & State
28 South Miami Fl

Zip Country
29 33143 30 Dade

9. Name and Address of Current Registered Agent

LESSNER, JEANNE, L.C.S.W.
2250 SW 28TH ST
COCONUT GROVE FL 33133

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 607.0502 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, typed or printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME LESSNER, JEANNE, L.C.S.W.
STREET ADDRESS 2250 S W 28TH ST
CITY-ST-ZIP COCONUT GROVE FL

TITLE D
NAME LESSNER, JEANNE, L.C.S.W.
STREET ADDRESS 2250 S W 28TH ST
CITY-ST-ZIP COCONUT GROVE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PST
12 NAME LESSNER, JEANNE L.C.S.W.
13 STREET ADDRESS 13302 SW 57 COURT
14 CITY-ST-ZIP COCONUT GROVE FL 33156

21 TITLE D
22 NAME LESSNER, JEANNE
23 STREET ADDRESS 13302 SW 57 COURT
24 CITY-ST-ZIP Miami Fla 33156

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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:

Jeanne Lessner

2/10/98 3056671127

CR034 (10/97)