

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L54634** (5)

1. Corporation Name

**AFFILIATED DISPLAY, INC.**



Principal Place of Business

Mailing Address

**MARTIN LETTERMAN  
12207 N.W. 35TH STREET  
CORAL SPRINGS FL 33065**

**MARTIN LETTERMAN  
12207 N.W. 35TH STREET  
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified

**03/01/1990**

3a. Date of Last Report

**03/15/1995**

2. Principal Place of Business

2a. Mailing Address

**21 AFFILIATED DISPLAY, INC.  
CORPORATE HEADQUARTERS**

**26** Suite, Apt. #, etc.

**22 11124 SATELLITE BLVD.  
ORLANDO, FL 32837**

**27** City & State

**23 TEL. (407) 855-8813**

**28** Zip

**24** Zip

**29** Zip

**30** Country

4. FEI Number

**65-0190187**

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

**LEDERMAN, MARTIN  
12207 NW 35TH STREET  
CORAL SPRINGS FL 33065**

**1124 SATELLITE BLVD  
ORLANDO FL  
32837**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D** ☐ DELETE  
NAME **LEDERMAN, MARTIN**  
STREET ADDRESS **423 N.W. 113TH AVENUE**  
CITY- ST- ZIP **CORAL SPRINGS FL**

1. 1 TITLE **Change** ☐ Addition  
1.2 NAME **LEDERMAN MARTIN**  
1.3 STREET ADDRESS **64P Sabal Lake Drive #204**  
1.4 CITY- ST- ZIP **Longwood FL 32779**

**D** ☐ DELETE  
NAME **WEINRUB, LEONARD**  
STREET ADDRESS **282 N.W. 122ND TERRACE**  
CITY- ST- ZIP **CORAL SPRINGS FL**

2. 1 TITLE **Change** ☐ Addition  
2.2 NAME **Weinrub Leonard**  
2.3 STREET ADDRESS **11124 SATELLITE BLVD**  
2.4 CITY- ST- ZIP **ORLANDO FL 32837**

☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/96 407-855-8813**

CR2E034 (12/95)