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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M25092

(1)

DOCUMENT #

FT. LAUDERDALE FL 33309

LEHRER AND COMPANY, INC.

Principal Place of Business 4850 W. PROSPECT RD.

Mailing Address

4850 W. PROSPECT RD. FT. LAUDERDALE FL 33309



							3. Date Incorporated or Qualified 12/27/1985 3a. Date of Last Report 02/28/1995					
2. Principal Place of Business				2a. Mailing Address				4. FEI Number 59-2663380		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			
7ip 24	Country 25 29			Zip	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
24	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
LEHRER, PAUL R. 4850 W PROSPECT RD							Name Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33309						83	City			85 Zip Code		
						04	Ony		FL		, 0000	
or registere familiar with SIGNATURE	ed agent, or be n, and accept	oth, in the State of Floric the obligations of, Sect	la. Such on 607,	n change was authorize 0505, Florida Statutes.	ed by the co	orpc	oration's bi	poration submits this statement for the pur pard of directors. I hereby accept the appr	pose of cha pintment as	inging its ri registered	egistered office agent Tarn	
	Signature, typed or	printed name of registered agent OFFICERS ANI				Agent	t signal ira reck	.irea wt en redistritrig)* ADDITHONS/CHANGES TO OFF		DIRECTO	QS IN 12	
12.	PSD	OFFICERS AN	JUNEC	DELETE	13.	TI E	i	ADDITIONS/CHANGES TO OTT	· <u>-</u>	Change	Add-tion	
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NAME		PROSPECT ROAD			1.2 NA							
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NAME		, CAMILLE F.			2.2 NA	ME						
STREET ADDRESS		PROSPECT ROAD			2 3 516	REET	ADDRESS					
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NAME					6.2 NA							
							ADDRESS					
STREET ADDRESS					6 4 CiT		1					
CITY-ST-ZIP	cortify that th	ne information supplied	with this	filing is voluntarily furn	ished and o	loes	s not qualit	fy for the exemption stated in Section 119	.07(3)(k), Fk	rida Statut	es. I further	
certify that oath; that I	the informatic am an officer	n indicated on this anni	ual repor iration o	rt or supplemental anni r the receiver or trustei	ual report is e empower	: Iru	ie and acci	urate and that my signature shall have the this report as required by Chapter 607, Fi	Same legal	enect as n	made under	

SIGNATURE: _

NEED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (305) 731-6000

Daytone Phone #