PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

M25775

1. Corporation Name

BARBARA LEISHMAN INC.

Principal Place of Business

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

6911 W BROWARD BLVD PLANTATION FL 33317

6800 CYPRESS RD STE 201



FILED

96 SEP 19 PM 3: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

US			PLANTATION FL 33317 US						
If above a	ddresses are	incorrect in any way, line th	rough incorrect in	nformation ar	nd enter correction below				
		Address, If Applicable	3 New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/14/1986			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe		Applied For	
City & State			City & State				59-2635516 Not Applicable		
Zip Country		Country	Zip Cou		Country	6. CERTIFICATI	SE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
7 Names	and Chroat Ad	dynamic of Each Officer and	Har Director (Ele	rida poporofi	t comprations must list at l	east 3 directors)			
7. Names and Street Addresses of Each Officer and Title(s) 1 2 Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			ch or	City / State / Zip		
DP	LEISHMAN, BARBARA			6911 W BROWARD BLVD			PLANTATION FL		
•									
•			***************************************				eman	en agains an n-sig	
							-10/03/96 ****200.	<u> </u>	
		2000							
							0.5	89-27-96	
	.l 8 Nam	ne and Address of Curren	t Registered Ag	ent		9. Name and	Address of New Registe		
			<u></u>		Name	ALLES OF STREET			
LEISHMAN, BARBARA 1450 SW 73 AVE					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33317					Suite, Apt. #, E	Suite, Apt #, Etc.			
					City			State Zip Code	
10. I, bein	g appointed th	ne registered agent of the a	bove named_corp	oration, am f	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S		
Signature Registered	of d Agent	Derbu	Les In	GENT MUST	SIGN		Date Sept	17.1996	
11. D	oes this ept. of R	corporation pay evenue under S	any intan 3. 199.032	gible tax , Florida	k to the a Statutes. Ye	s No [er side for information intangible tax.)	
12. I certif	y that I am an	officer or director or the reconclication, the reason for dis	ceiver or trustee e	empowered to	o execute this application a	es the requirement	ts of section 607.0401 or 6	urther certify that when filing 617.0401, F.S., that all fees F.S. The information indicated	

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