FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M43293 (3)

1. Corporate Name
L. E. L. & ASSOCIATES, INC.

Principal Place of Business
11720 SHERIDAN ST.
PEMBROKE PINES FL 33026
US

Mailing Address
11720 SHERIDAN ST.
PEMBROKE PINES FL 33026
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1986
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
(24) (25) (29) (30)

4. FEI Number: 59-2755290 — 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 elects to be taxed as an S Corporation under S. 1361 of the Internal Revenue Code and Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LIPNER, LARRY
11720 SHERIDAN ST.
PEMBROKE PINES FL 33026

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 607.0501 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
(Registered Agent Number and Registered Agent's Name) (If a Registered Agent is an entity, list an officer.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	LIPNER, LARRY E.	NAME	
STREET ADDRESS	11720 SHERIDAN ST.	STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	☐ Change ☐ Addition
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TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I hereby certify that the information supplied with this filing is accurately recorded, and that the requirements of Section 607.0501, Florida Statutes, have been met. I further certify that the information indicated on this annual report or supplemental annual report, that all fees and taxes 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 added) above with an address.

SIGNATURE: L. Lipner 4/29/95 (305) 434-3275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00M344 CP