

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Aug 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M83144 (9)
1. Corporation Name
HARNETT LESNICK & RIPPS, P.A.



Principal Place of Business Mailing Address
% IRVING I. LESNICK
7251 W. PALMETTO PARK RD.
BOCA RATON FL 33433
% IRVING I. LESNICK
7251 W. PALMETTO PARK RD.
BOCA RATON FL 33433-3442

3. Date Incorporated or Qualified 05/31/1988	3a. Date of Last Report 02/28/1996
4. FEI Number 65-0051412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 150 E. Palmetto Pk. Rd. Suite, Apt. #, etc. 22 Suite 500 City & State 23 Boca Raton, FL Zip 24 33432 Country 25	2a. Mailing Address 26 150 E. Palmetto Pk. Rd. Suite, Apt. #, etc. 27 Suite 500 City & State 28 Boca Raton, FL Zip 29 33432 Country 30 USA
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9. Name and Address of Current Registered Agent

LESNICK, IRVING I.
7251 W. PALMETTO PARK RD.
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name Lesnick, Irving I.
82 Street Address (P.O. Box Number is Not Acceptable) 150 E. Palmetto Park Road
83 Suite 500
84 City Boca Raton, FL 85 Zip Code 33432

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)

7/27/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LESNICK, IRVING I. 7251 W. PALMETTO PK RD BOCA RATON FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	150 E. Palmetto Park Road Suite 500 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARNETT, BERTRAM 7251 W. PALMETTO PK RD BOCA RATON FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	150 E. Palmetto Park Road Suite 500 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KAHN, JEFFREY S. 7251 W PALMETTO PK ROAD BOCA RATON FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIPPS, JUDITH A 7251 W PALMETTO PK RD BOCA RATON FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	150 E. Palmetto Park Road Suite 500 Boca Raton, FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

7/27/97 (5617)
318 1995

CR2E034 (9/96)