

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90147 010 ***150.00

DOCUMENT # P00000104679

1. Entity Name
LENNER PROPERTIES, INC.

Principal Place of Business 900 INTRACOASTAL DRIVE APT 16 B FORT LAUDERDALE FL 33305	Mailing Address 900 INTRACOASTAL DRIVE APT 16 B FORT LAUDERDALE FL 33305
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 600 NORTH Pine Island Rd Suite, Apt. #, etc. # 450	3. Mailing Address 600 NORTH Pine Island Rd Suite, Apt. #, etc. # 450
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City & State Plantation, FL	City & State Plantation, FL	4. FEI Number 65-1057811	Applied For <input type="checkbox"/> Not Applicable
Zip 33324	Country USA	Zip 33324	Country USA

6. Name and Address of Current Registered Agent
**KANOUSE, KEITH J ESO
 ONE BOCA PLACE SUITE 324 ATRIUM
 PMB 1070, 2255 GLADES ROAD
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENNER, EDWARD 936 INTRACOASTAL DRIVE APT 16 B FORT LAUDERDALE FL 33305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Lenner **Edward Lenner** 4/26/01 954 315 0200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)