

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000037053 (3)**

1. Corporation Name

LEFMARK MANAGEMENT SERVICES, INC.

Principal Place of Business

**8831 SW 10TH AVE.
MIAMI FL 33176**

Mailing Address

**2401 FOUNTAINVIEW
SUITE 300
HOUSTON TX 77057**



2. Principal Place of Business

21 **8831 S.W. 107th Ave.**

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 **One Greenway Plaza**

Suite, Apt. #, etc.

27 **Suite 850**

City & State

28 **Houston, TX**

Zip

29 **77046-0102**

Country

30 **US**

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0494836

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FRIEDMAN, DAVID A
848 BRICKELL AVE.
SUITE 1120
MIAMI FL 33131**

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 607.0502 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FRIEDMAN, LEONARD E**
STREET ADDRESS **2401 FOUNTAINVIEW SUITE 300**
CITY- ST- ZIP **HOUSTON TX 77057**

TITLE **V** ☐ DELETE
NAME **FRIEDMAN, DAVID A**
STREET ADDRESS **848 BRICKELL AVE. SUITE 1120**
CITY- ST- ZIP **MIAMI FL 33131**

TITLE **S** ☐ DELETE
NAME **GRAY, SANDRA L**
STREET ADDRESS **2401 FOUNTAINVIEW SUITE 300**
CITY- ST- ZIP **HOUSTON TX 77057**

TITLE **T** ☐ DELETE
NAME **SWINKE, DAVID A**
STREET ADDRESS **2401 FOUNTAINVIEW SUITE 300**
CITY- ST- ZIP **HOUSTON TX 77057**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

**One Greenway Plaza, Suite 850
Houston, Texas 77046-0102**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

S/V ☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

**One Greenway Plaza, Suite 850
Houston, Texas 77046-0102**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sandra B. Morham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra B. Morham

4/24/96

Date

713-850-1850

Daytime Phone #

CR2E034 (12/95)