

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90012 013 ***158.75

DOCUMENT # P94000037053 (3) ✓
1. Corporation Name

LEFMARK Management Services, Inc.

Principal Place of Business

Mailing Address

848 Brickell Ave.
Suite 1120
Miami, FL 33131

One Greenway Plaza
Suite 850
Houston, TX 77046-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1994

2. Principal Place of Business
21 2601 S. Bayshore Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number
65-0494836

Applied For
Not Applicable

22 Suite, Apt. #, etc.
#300-A

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

23 City & State
Miami, FL

28 City & State

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

24 Zip 33133-5417 25 Country USA

29 Zip 30 Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Friedman, David A.
848 Brickell Avenue, Suite 1120
Miami, FL 33131
(see new address at right)

81 Name David A. Friedman

82 Street Address (P.O. Box Number is Not Acceptable)
2601 S. Bayshore Drive

83 Suite 300-A

84 City Miami

FL

85 Zip Code
33133-5417

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
Friedman, Leonard E
STREET ADDRESS One Greenway Plaza, Suite 850
CITY-ST-ZIP Houston, TX 77046-0102

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 77046-0197

TITLE ☐ DELETE
NAME P
Friedman, David A.
STREET ADDRESS 848 Brickell Avenue, Suite 1120
CITY-ST-ZIP Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2601 S. Bayshore Drive, Suite 300-A
2.4 CITY-ST-ZIP Miami, FL 33133-5417

TITLE ☐ DELETE
NAME SV
Ray, Sandra E.
STREET ADDRESS One Greenway Plaza, Suite 850
CITY-ST-ZIP Houston, TX 77046-0102

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 77046-0197
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
Swinke, David L.
STREET ADDRESS One Greenway Plaza, Suite 850
CITY-ST-ZIP Houston, TX 77046-0102

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME V
4.3 STREET ADDRESS 77046-0197
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VT
5.3 STREET ADDRESS Thibaut, Howard W.
5.4 CITY-ST-ZIP One Greenway Plaza, Suite 850
Houston, TX 77046-0197

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME V
6.3 STREET ADDRESS Shapiro, Robert L.
6.4 CITY-ST-ZIP 2601 S. Bayshore Drive, #300-A
Miami, FL 33133-5417

14. 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 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, with all other like empowered.

SIGNATURE:

Sandra Ray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

713-850-1850

Daytime Phone #

CR2E034 (11/98)