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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 30 1998 8:00am

Secretary of State

305-371-3 DW

4/23/90

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000039030 (9)

LEMIG PROPERTIES, INC.

520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE STE. C-305 STE. C-305 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 05/24/1994 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 65-0521219 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FREEMAN, STEPHEN A **520 BRICKELL KEY DRIVE** Street Address (P.O. Box Number is Not Acceptable) **SUITE 0-305** 63 MIAMI FL 33131 84 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 Horida. 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE **GINDLER, FRANKLIN** NAME 1.2 NAME **\$20 BRICKELL KEY DR. #0-305** STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33131 CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Change Addition TITLE 21 TITLE FREEMAN, STEPHEN A NAME 2.2 NAME **\$20 BRICKELL KEY DR. #0-305** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME FREEMAN, STEPHEN A 3.2 NAME STREET ADDRESS 520 BRICKELL KEY DR SUITE 0-305 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 34. CITY-ST-7/P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 all high report and address.

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