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FILED

Mar 13 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 # P95000016428 (1)

1. Corporation Name

FILENE LEHMAN, INC.



Principal Place of Business

C/O FILENE LEHMAN  
1122 S. N ST.  
LAKE WORTH FL 33460

Mailing Address

C/O FILENE LEHMAN  
1122 S. N ST.  
LAKE WORTH FL 33460-5246

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0563368

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

LEHMAN, FILENE  
1122 S. N ST.  
LAKE WORTH FL 33460

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 of Registered Agent and Secretary, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS | CITY - ST - ZIP     | <input type="checkbox"/> DELETE |
|-------|-----------------|----------------|---------------------|---------------------------------|
| D     | LEHMAN, FILENE  | 1122 S. N ST.  | LAKE WORTH FL 33460 | <input type="checkbox"/>        |
| D     | LEHMAN, DOUGLAS | 1122 S. N ST.  | LAKE WORTH FL 33460 | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |
|       |                 |                |                     | <input type="checkbox"/>        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| 11    | 12   | 13             | 14              | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 21    | 22   | 23             | 24              | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 31    | 32   | 33             | 34              | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 41    | 42   | 43             | 44              | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 51    | 52   | 53             | 54              | <input type="checkbox"/>        | <input type="checkbox"/>          |
| 61    | 62   | 63             | 64              | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 reported 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:

Filene Lehman Filene Lehman

Date

3/6/97 561-585-5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0327220

CR2E034 (9/96)