

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020360 (0)

1. Corporation Name

LEFMARK HAMMOCKS, INC.



Principal Place of Business

Mailing Address

848 BRICKELL AVE., SUITE 1120
MIAMI FL 33131

848 BRICKELL AVE., SUITE 1120
MIAMI FL 33131

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

n/a

2. Principal Place of Business

2a. Mailing Address

21 One Greenway Plaza

4. FEI Number

65-0591940

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fees Required

City & State

City & State

27 Suite 850

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

28 Houston, TX

29 77046-0102

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D
FRIEDMAN, LEONARD E
848 BRICKELL AVE., SUITE 1120
MIAMI FL 33131

1.1 TITLE D/P ☒ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE D/V/Assistant S ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME
Gray, Sandra L.
One Greenway Plaza, Suite 850
Houston, TX 77046-0102

3.1 TITLE S ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
T
Swinke, David L.
One Greenway Plaza, Suite 850
Houston, TX 77046-0102

4.1 TITLE T ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

6.1 TITLE ☐ 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 L. Gray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra L. Gray

4/24/96

Date

713-850-1850

Daytime Phone #

CR2E034 (12/95)