

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 011 ***158.75

DOCUMENT # P95000020360 (0) ✓

1. Corporation Name

LEF/Palm-Aire, 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
03/10/1995

4. FEI Number
65-0591940

Applied For
☐ Not Applicable

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

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

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

2. Principal Place of Business

2a. Mailing Address

21 2601 S. Bayshore Drive

26 Suite, Apt. #, etc.

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

27 Suite, Apt. #, etc.

23 City & State
Miami, FL

28 City & State

24 Zip 33133-5417 Country USA

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
	DP			<input type="checkbox"/>
	Friedman, Leonard E	848 Brickell Ave., Suite 1120	Miami, FL 33131	
	DVAS			<input type="checkbox"/>
	Friedman, David A.	848 Brickell Avenue, Suite 1120	Miami, FL 33131	
	S			<input type="checkbox"/>
	Ray, Sandra E.	One Greenway Plaza, Suite 850	Houston, TX 77046-0102	
	T			<input type="checkbox"/>
	Swinke, David L.	One Greenway Plaza, Suite 850	Houston, TX 77046-0102	
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		2601 S. Bayshore Drive, Suite 300-A	Miami, FL 33133-5417	<input type="checkbox"/>	<input type="checkbox"/>
		77046-0197			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		2601 S. Bayshore Drive, Suite 300-A	Miami, FL 33133-5417	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		SV	77046-0197	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		V	77046-0197	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
		VT	Thibaut, Howard W.	<input type="checkbox"/>	<input type="checkbox"/>
		One Greenway Plaza, Suite 850	Houston, TX 77046-0197		
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (11/98)

SIGNATURE:

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

4-15-99

Date

713-850-1850

Daytime Phone #