

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 # P95000020362 (6)

1. Corporation Name
LEF/DELRAY MALL, INC.



Principal Place of Business: **848 BRICKELL AVE., SUITE 1120 MIAMI FL 33131**
Mailing Address: **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: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **25** Country
2a. Mailing Address: **26** **One Greenway Plaza** Suite, Apt. #, etc. **27** **Suite 850** City & State **28** **Houston, Texas** Zip **29** **77046-0102** Country **30** **US**

4. FEI Number: **65-0585895** 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

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

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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, LEONARD E	1.2 NAME	
STREET ADDRESS	848 BRICKELL AVE., SUITE 1120	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/V/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, DAVID A	2.2 NAME	
STREET ADDRESS	848 BRICKELL AVE., SUITE 1120	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Gray, Sandra L.
STREET ADDRESS		3.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Houston, TX 77046-0102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Swinke, David L.
STREET ADDRESS		4.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Houston, TX 77046-0102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

9/24/96
Date

713-850-1850
Daytime Phone #

CR2E034 (12/95)