

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077021 (0)
 1. Corporation Name
LEOR INVESTMENTS, INC.



Principal Place of Business 915 MIDDLE RIVER DRIVE, SUITE 506 FT. LAUDERDALE FL 33304	Mailing Address 915 MIDDLE RIVER DRIVE, SUITE 506 FT. LAUDERDALE/FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2165 S.W. 47th ST	2a. Mailing Address P.O. Box 403755
22. Suite, Apt. #, etc. Suite 3	27. Suite, Apt. #, etc.
23. City & State FT. LAUDERDALE FL	28. City & State MIAMI BEACH FLA
24. Zip 33312	25. Country U.S.A.
29. Zip 33140	30. Country U.S.A.

3. Date Incorporated or Qualified 10/06/1995	4. FEI Number 65-0622627	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

TAMIR, BERMAN	81. Name
2165 SW 47TH ST	82. Street Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33312	83.
	84. City
	85. Zip Code

10. Name and Address of New Registered Agent

	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DPTS	1.2 NAME	
STREET ADDRESS	BERMAN, ISAAC	1.3 STREET ADDRESS	
CITY-ST-ZIP	2165 S.W. 47TH STREET	1.4 CITY-ST-ZIP	
	FT. LAUDERDALE FL 33312		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP	2.2 NAME	
STREET ADDRESS	BERMAN, TAMIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	2165 S.W. 47TH STREET	2.4 CITY-ST-ZIP	
	FT. LAUDERDALE FL 33312		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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 a 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: _____ **4-16-98**

CR2E034 (10/97)