


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

pg. 1 of 2

FILED

97 MAY 22 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000072984 1. Corporation Name  Leh-O-Mar, Inc.			
Principal Place of Business  830 NE 18 Street Ft. Lauderdale, FL 33305		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	7 p	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Linda W. Cruce 830 NE 18 Street Ft. Lauderdale, FL 33305		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D	Linda Cruce	13 STREET ADDRESS	14 CITY-ST-ZIP
	1831 Palm City Road, Suite 402	21 TITLE	22 NAME
	Stewart, FL 34994	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	31 TITLE	32 NAME
a/s	Laura R. Dunlap	33 STREET ADDRESS	34 CITY-ST-ZIP
	1201 Hays Street	41 TITLE	42 NAME
	Tallahassee, FL 32301	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	51 TITLE	52 NAME
		53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	61 TITLE	62 NAME
		63 STREET ADDRESS	64 CITY-ST-ZIP
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 provided 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: <i>Laura R. Dunlap</i>		5-22-97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		904-222-9171	
ASSISTANT SECRETARY			

CR2E034 (9/96)

DBS-22-97

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ACCOUNT NO. : 072100000032

REFERENCE : 401471 12000A

AUTHORIZATION :

*Patricia Pyjunt*

COST LIMIT : \$ 558.75

ORDER DATE : May 22, 1997

ORDER TIME : 1:32 PM

ORDER NO. : 401471-010

CUSTOMER NO. : 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst  
Shapiro & Adams, P.a.  
Suite 272  
2401 Pga Boulevard  
Palm Beach Gard, FL 33410

DOMESTIC FILINGS

NAME: LEH-O-MAR, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
97 MAY 22 PM 1:56  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA