

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

FILED
Feb 24 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 # **P96000072984 (3)**

1. Corporation Name
LEH-O-MAR, INC.

Principal Place of Business
**830 NE 18 ST
FORT LAUDERDALE FL 33305**

Mailing Address
**830 NE 18 ST
FORT LAUDERDALE FL 33305**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/03/1996

2. Principal Place of Business 21 275 E Oakland Park Blvd Suite, Apt. #, etc. 22 City & State 23 Oakland Park, FL Zip Country 24 33334 25 USA	2a. Mailing Address 26 275 E Oakland Park Blvd Suite, Apt. #, etc. 27 City & State 28 Oakland Park, FL Zip Country 29 33334 30 USA	4. FEI Number APPLIED FOR 65-0738955 Applied For 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRUCE, LINDA W
830 NE 18 ST
FORT LAUDERDALE FL 33305**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 275 E Oakland Park Blvd
83
84 City Oakland Park
85 Zip Code FL 33334

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 fee, 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUCE, LINDA	1.2 NAME	
STREET ADDRESS	1831 PALM CITY ROAD, SUITE 402	1.3 STREET ADDRESS	
CITY-ST-ZIP	STEWART FL 34894	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, LAURA R	2.2 NAME	
STREET ADDRESS	1201 HAYS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Zuccarrelli	3.2 NAME	
STREET ADDRESS	275 E Oakland Park Blvd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Oakland Park, FL 33334	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Palmieri	4.2 NAME	
STREET ADDRESS	275 E Oakland Park Blvd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Oakland Park, FL 33334	4.4 CITY-ST-ZIP	
TITLE		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		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 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:

Linda W. Cruce

2-20-98

561-775-0855

CR2E034 (10/97)