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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099840 (6)

L & L REALTY OF TAMPA. INC.

LEEDS, MICHAEL

TAMPA FL 33612

LEEDS, LEONARD

6940 LIONS HEAD LANE

BOCA RATON FL 33496

1733 WEST FLETCHER AVENUE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business Mailing Address RS40 LIONS HEAD LANE 6940 LIONS HEAD LANE **BOCA RATON FL 33496 BOCA RATON FL 33496-5935** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FÉI Number Applied For 15-6714799 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees $Z(\rho)$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEEDS, MICHAEL eonar 1733 WEST FLETCHER AVENUE 82 Street Address (P.O. Box Number is blot Agceptable) **TAMPA FL 33612** 83 Zip Code 3349 L Doca 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. resident SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

DELETE

DELETE

1.3 STREET ADORESS

2.3 STREET ADDRESS

2. 4 CITY - ST- ZIP

1.4 CITY - ST - ZIP

STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- 7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE 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 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 endual 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 porporation 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

SIGNATURE:

561-483-6800

Change

Change

Change

■ Addition

Addition

Addition

FILED

Feb 10 1997 8:00am

Secretary of State