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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000067785 (0)

LEHIGH PROFESSIONAL REALTY SERVICES, INC.

Principal Place of Business	Mailing Address		
100 N. BISCAYNE BLVD 21ST FL. MIAMI FL 33452-2306	100 N. BISCAYNE BLVI Miami Fl 33132-2306	D. 21ST FL.	
700 Leeland Heights Blud.	P.O. BOX 140	62	DO NOT WRITE IN THIS SPACE
Laboral Acros II 33931	Lehish Acres	33970-1465	3, Date Incorporated or Qualified
Lohigh Acres TL 33936 2. Principal Place of Business	2a. Mailing Address	-	08/05/1997 4. FEI Number Applied For
1	26		65-0772063   Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8 75 Additional
2	27		5. Certificate of Status Desired Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
3	28		Trust Fund Contribution
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
25 9. Name and Address of Curren	29	[30]	Personal Property Tax due June 30. Yes No
CORPORATION SERVICE COMPAN		81 Name	
1201 HAYS STREET	•		Davis Poole
TALLAHASSEE FL 32301-2525		82 Street Ac	ddress (P.O. Box Number is Not Acceptable) N. LeeLand Heights Blvd.
THE DECOT SOLD		83	W. Descript Heldalla Dead.
•			~
		84 City	high Acres FL 85 33936
11, Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	utes, the above-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
office or registered agent, or both in the State	of Florida, Buch change was	s authorized by the corpo	ration's board of directors. I hereby accept the appointment as registered
agent. Lam tamiliar with, and accept the object	ations of Section 607.0505. I		
	ations of, Section 607.0505, F	Torida Statutes.	01/06/98
SIGNATURE Signature typed or printed harmood registered again	on and tilk-it applicable (NC	OTE: Registered Agent signature re	Quired when reinsteting) DATE
SIGNATURE Signature typed or printed trainer of registered age.  OF ICERS ANI	onl and title if apprication (NC D DIRECTORS	OTE: Registered Agent signature re	quired when reinsteting)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE Signature typed or printed traine of registered age  12. OFFICERS ANI  TITLE	on and tilk-it applicable (NC	OTE Registered Agent signature re 13. 1.1 TITLE	Quirod when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Pirector, President, Secretary  Change K Addition
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SIGNATURE Signature typed or printed number of registered age 12. OFFICE RS ANI TITLE NAME STREET ADDRESS	onl and title if apprication (NC D DIRECTORS	13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	Quirod when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Director, President, Secretary  Change k Addition  Ilrich Neumaier  OO N., Biscayne Blvd. #2100
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