

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

FILED  
Apr 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000094647 (9)**

1. Corporation Name

**LEF/HOMESTEAD, INC.**



Principal Place of Business <b>848 BRICKELL AVENUE SUITE 1120 MIAMI FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE SUITE 1120 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>33131-2943</b> Country		2a. Mailing Address <b>26</b> <b>One Greenway Plaza</b> <b>27</b> Suite, Apt. #, etc. <b>28</b> <b>Suite 850</b> <b>29</b> City & State <b>30</b> <b>Houston, Texas</b> <b>31</b> Zip <b>77046-0102</b> Country <b>USA</b>		3. Date Incorporated or Qualified <b>11/04/1997</b>	
4. FEI Number <b>65-0798237</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		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

**FRIEDMAN, DAVID A  
848 BRICKELL AVENUE SUITE 1120  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>DP</b>
NAME	<b>FRIEDMAN, LEONARD E</b>	1.2 NAME	
STREET ADDRESS	<b>848 BRICKELL AVENUE SUITE 1120</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b>
NAME		2.2 NAME	<b>Friedman, David A.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>848 Brickell Avenue, Suite 1120</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Miami, Florida 33131-2943</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>S</b>
NAME		3.2 NAME	<b>Ray, Sandra E.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>One Greenway Plaza, Suite 850</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Houston, TX 77046-0102</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>T</b>
NAME		4.2 NAME	<b>Swinke, David L.</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>One Greenway Plaza, Suite 850</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Houston, TX 77046-0102</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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: **Sandra E. Ray, Corp. Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-98 713-850-1850

Date

Daytime Phone #

0178096

CR2E034 (10/97)