

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90058 036 ***150.00

DOCUMENT # S45420

1. Corporation Name
LEON ISRAEL, INC.

Principal Place of Business
7900 GRIFFIN ROAD
DAVIE FL 33328

Mailing Address
7900 GRIFFIN ROAD
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1991

4. FEI Number
65-0254281

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 649 SW 168TH WAY
Suite, Apt. #, etc.

26 649 SW 168TH WAY
Suite, Apt. #, etc.

22 City & State

27 City & State

23 REMBRIDGE PINES FL
Zip Country

28 REMBRIDGE PINES FL
Zip Country

24 33027 25 REMBRIDGE PINES FL

29 33027 30 REMBRIDGE PINES FL

9. Name and Address of Current Registered Agent

ROSENTHAL, LEIGH M.
2701 LE JEUNE RD.
SSUITE 404
CORAL GABLES FL 33134

81 Name
LEON ISRAEL

82 Street Address (P.O. Box Number is Not Acceptable)

83 649 SW 168TH WAY

84 City
REMBRIDGE PINES FL

85 Zip Code
33025

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 *Leon Israel*

Signature typed or printed name of registered agent and sign-off applicable

DATE 4/15/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME ISRAEL, LEON
STREET ADDRESS 421 NE 177 STREET
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D
NAME ISRAEL MAURICE
STREET ADDRESS 421 NE 177 ST
CITY-ST-ZIP N MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
649 SW 168TH WAY
REMBRIDGE PINES FL 33027

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
12104 SW 2ND ST
REMBRIDGE PINES FL 33025

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE *Leon Israel* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 254-1632-8824

Date Daytime Phone #

CR2E034 (1/198)