

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 57

DOCUMENT # **S67407** (4)

1. Corporation Name
LEFMARK FLORIDA, INC.

Principal Place of Business Mailing Address
848 BRICKELL AVE SUITE 1120 MIAMI FL 33131 US **2401 FOUNTAINVIEW SUITE 300 HOUSTON TX 77057**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/09/1991** 3a. Date of Last Report **03/04/1994**
4. FEI Number **65-0281974** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. 27
22 Suite, Apt. #, etc.
City & State 28 City & State
23
Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**SHAPIRO, ROBERT L.
848 BRICKELL AVE
SUITE 1120
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **FRIEDMAN, LEONARD E.**
STREET ADDRESS **2401 FOUNTAINVIEW**
CITY-ST-ZIP **HOUSTON TX**
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 Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME **V**
2.3 STREET ADDRESS **Friedman, David A.**
2.4 CITY-ST-ZIP **848 Brickell Avenue, Suite 1120
Miami, Florida 33131**
3.1 TITLE Change Addition
3.2 NAME **S**
3.3 STREET ADDRESS **Gray, Sandra L.**
3.4 CITY-ST-ZIP **2401 Fountainview, Suite 300
Houston, Texas 77057-4818**
4.1 TITLE Change Addition
4.2 NAME **T**
4.3 STREET ADDRESS **Swinke, David L.**
4.4 CITY-ST-ZIP **2401 Fountainview, Suite 300
Houston, Texas 77057-4818**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 L. Gray* **Sandra L. Gray** **3-17-95** (713) 782-7747
Signature and Title or Printed Name of Signer, Officer or Director Date (Month/Day/Year)