

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S67407** (4)

1. Corporation Name

LEFMARK FLORIDA, INC.

Principal Place of Business

**848 BRICKELL AVE
SUITE 1120
MIAMI FL 33131
US**

Mailing Address

**2401 FOUNTAINVIEW
SUITE 300
HOUSTON TX 77057**



3. Date Incorporated or Qualified **07/09/1991** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 One Greenway Plaza		65-0281974		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27 Suite 850		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution			
23		28 Houston, TX		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29 77046-0102	30 US				

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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, LEONARD E.	1.2 NAME	
STREET ADDRESS	2401 FOUNTAINVIEW	1.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	Houston, Texas 77046-0102
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, DAVID A	2.2 NAME	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 1120	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, SANDRA L	3.2 NAME	
STREET ADDRESS	2401 FOUNTAINVIEW, SUITE 300	3.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	Houston, TX 77046-0102
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINKE, DAVID L	4.2 NAME	
STREET ADDRESS	2401 FOUNTAINVIEW, SUITE 300	4.3 STREET ADDRESS	One Greenway Plaza, Suite 850
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	Houston, TX 77046-0102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra L Gray

4/24/96
Date

713-850-1850
Daytime Phone #

CR2E034 (12/95)