

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90012 014 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT #** S67407 (4)  
 1. Corporation Name  
 LEFMARK Florida, Inc.

Principal Place of Business	Mailing Address
848 Brickell Ave. Suite 1120 Miami, FL 33131	One Greenway Plaza Suite 850 Houston, TX 77046-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/09/1991

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Drive	26
22 Suite, Apt. #, etc. #300-A	27 Suite, Apt. #, etc.
23 City & State Miami, FL	28 City & State
24 Zip 33133-5417	29 Zip
25 Country USA	30 Country

4. FEI Number 65-0281974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

Shapiro, Robert L.  
848 Brickell Avenue, Suite 1120  
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name	David A. Friedman
82 Street Address (P.O. Box Number is Not Acceptable)	2601 S. Bayshore Drive
83	Suite 300-A
84 City	Miami
85 Zip Code	FL 33133-5417

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 4-19-99

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Friedman, Leonard E	
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Friedman, David A.	
STREET ADDRESS	848 Brickell Avenue, Suite 1120	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Ray, Sandra E.	
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Swinke, David L.	
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, TX 77046-0102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	77046-0197
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2601 S. Bayshore Drive, Suite 300-A
2.4 CITY-ST-ZIP	Miami, FL 33133-5417
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SV
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	77046-0197
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	77046-0197
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VT
5.3 STREET ADDRESS	Thibaut, Howard W. One Greenway Plaza, Suite 850
5.4 CITY-ST-ZIP	Houston, TX 77046-0197
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 4-15-99 DAYTIME PHONE # 713-850-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)