

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90012 014 ***158.75

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 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
#300-A

27 Suite, Apt. #, etc.

23 City & State
Miami, FL

28 City & State

24 Zip 33133-5417 Country USA

29 Zip Country

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS Friedman, Leonard E
CITY-ST-ZIP One Greenway Plaza, Suite 850
Houston, TX

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 77046-0197

TITLE ☐ DELETE
NAME V
STREET ADDRESS Friedman, David A.
CITY-ST-ZIP 848 Brickell Avenue, Suite 1120
Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2601 S. Bayshore Drive, Suite 300-A
2.4 CITY-ST-ZIP Miami, FL 33133-5417

TITLE ☐ DELETE
NAME S
STREET ADDRESS Ray, Sandra E.
CITY-ST-ZIP One Greenway Plaza, Suite 850
Houston, TX

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SV
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 77046-0197

TITLE ☐ DELETE
NAME T
STREET ADDRESS Swinke, David L.
CITY-ST-ZIP One Greenway Plaza, Suite 850
Houston, TX 77046-0102

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME V
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 77046-0197

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VT
5.3 STREET ADDRESS Thibaut, Howard W.
5.4 CITY-ST-ZIP One Greenway Plaza, Suite 850
Houston, TX 77046-0197

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

713-850-1850

Daytime Phone #

CR2E034 (11/98)