

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S81507 (3)**

1. Corporation Name
LEONARD GERSTEIN ASSOCIATES INC.



Principal Place of Business: **4467 BOCAIRE BLVD. BOCA RATON FL 33487**
Mailing Address: **4467 BOCAIRE BLVD. BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **09/19/1991**
3a. Date of Last Report: **02/22/1995**
4. FEI Number: **65-0287618**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCHBANKS, LAWRENCE J.
4800 N. FEDERAL HIGHWAY
SUITE 101-E
BOCA RATON FL 33431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 filed if applicable) (NOTE: Registered Agent's signature required when making change) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GERSTEIN, LEONARD		2. NAME: _____	
STREET ADDRESS: 4467 BOCAIRE BLVD.		3. STREET ADDRESS: _____	
CITY - ST - ZIP: BOCA RATON FL		4. CITY - ST - ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6. NAME: _____	
STREET ADDRESS: _____		7. STREET ADDRESS: _____	
CITY - ST - ZIP: _____		8. CITY - ST - ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		10. NAME: _____	
STREET ADDRESS: _____		11. STREET ADDRESS: _____	
CITY - ST - ZIP: _____		12. CITY - ST - ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	13. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		14. NAME: _____	
STREET ADDRESS: _____		15. STREET ADDRESS: _____	
CITY - ST - ZIP: _____		16. 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: *Leonard B. Gerstein* **LEONARD B. GERSTEIN** 4/9/96 407-241-6612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)