

CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # V45003**

Richard B. Lehman, D.C., PA  
9325 NE 6th Ave.  
Suite D  
Miami Shores, Fl. 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>6/22/92</b>	3a. Date of Last Report <b>2/28/96</b>
4. FEI Number <b>65-0357273</b>	Applied For Not Applicable

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

<b>FILING FEE \$200.00</b>	<b>ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE</b>
<b>MAKE CHECK PAYABLE TO DEPARTMENT OF STATE</b>	
2. Mailing Address	2a. Principle Place of Business
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

5. Certificate of Status Desired	<input 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	<b>\$138.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Lehman, Richard B.  
9325 NE 6th Ave.  
Suite D  
Miami Shores, Fl 33138

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83
84 City	85 Zip Code	86 Country

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS	
1.1 TITLE	<b>Director and President</b>
1.2 NAME	<b>Lehman, Richard B.</b>
1.3 ADDRESS	<b>9325 NE 6th Ave.</b>
1.4 CITY - ST - ZIP	<b>Suite D</b>
2.1 TITLE	<b>Miami Shores, Fl. 33138</b>
2.2 NAME	
2.3 ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY - ST - ZIP	

13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	<b>500002181175</b>
5.3 ADDRESS	<b>-05/16/97--01042--010</b>
5.4 CITY - ST - ZIP	<b>***165.00</b>
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, a change, or on an attachment with an address.

**SIGNATURE** \_\_\_\_\_ DATE **4/29/97**

Print/Type Name of Signing Officer or Director: **Richard B. Lehman** Title(s): **President** Daytime Telephone Number: **305**

CPRE004 (11/92)