

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 # **V73968** (2)

1. Corporation Name

LEAVE IT TO ME, INC.



Principal Place of Business

**3500 ISLAND BLVD.
SUITE 102
N. MIAMI BEACH FL 33160**

Mailing Address

**3500 ISLAND BLVD.
SUITE 102
N. MIAMI BEACH FL 33160**

2. Principal Place of Business

2a. Mailing Address

1605 ISLAND WAY
Suite, Apt. #, etc.

1605 ISLAND WAY
Suite, Apt. #, etc.

22

27

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

24

29

Zip

33326

Country

USA

Zip

33326

Country

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0368321

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**WOLOFSKY, DAVID N P.A.
400 LESLIE DRIVE
SUITE 215
HALLANDALE FL 33009**

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 that of applicant

(Print) Registered Agent signature required when fee is paid

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **WOLOFSKY, KAREN, E.**
CITY-ST-ZIP **3500 ISLAND BLVD #102**
NORTH MIAMI BEACH FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WOLOFSKY, KAREN, E**
CITY-ST-ZIP **3500 ISLAND BLVD #102**
NORTH MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1605 ISLAND WAY**
1.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1605 ISLAND WAY**
2.4 CITY-ST-ZIP **FORT LAUDERDALE, FL 33326**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Karen E. WOLOFSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN E. WOLOFSKY

4/12/96 (954) 349-9262
Date Daytime Phone #

CR2E034 (12/95)