

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

FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90022 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 

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

DOCUMENT # **097000030877**
 1. Corporation Name
Lees & Associates of Chicago, Inc.

Principal Place of Business Mailing Address
2852 Chelsea Pl. So
Clearwater, FL 33759

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **2852 Chelsea Pl**
 22 City & State 27 Suite, Apt. #, etc.
 23 City & State 28 **Clearwater, FL**
 24 Zip Country 29 **33759** 30 **USA**

3. Date Incorporated or Qualified
 4. FEI Number **59-3436567** 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
Judith Kugler
2852 Chelsea Pl So
Clearwater, FL 33759

10. Name and Address of New Registered Agent
 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 **SAME** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME Judith Kugler	
STREET ADDRESS		1.3 STREET ADDRESS 2852 Chelsea Pl So	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Clearwater, FL 33759	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME Ben Kugler	
STREET ADDRESS		2.3 STREET ADDRESS 2852 Chelsea Pl So	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Clearwater, FL 33759	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Ben Kugler** 6/12/99 927 797 4200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)