

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90017 025 \*\*\*150.00

0088079

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **S78169**

1. Corporation Name  
**LEE BROTHERS' RESTAURANT, INC.**



Principal Place of Business  
**4447 4TH ST NO  
 ST PETERSBURG FL 33703  
 US**

Mailing Address  
**11708 SPANISH LAKE DRIVE  
 TAMPA FL 33635-6306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>09/03/1991</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3088663</b>	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**LY, DIEU DINH  
 11708 SPANISH LAKE DRIVE  
 TAMPA FL 33635**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

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		(NOTE: Registered Agent signature required when reinstating)		DATE
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
STREET ADDRESS	PST LY, DIEU DINH 11708 SPANISH LAKE DR TAMPA FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D LY, DIEU DINH 11708 SPANISH LAKE DR TAMPA FL	<input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
STREET ADDRESS		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
STREET ADDRESS		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
STREET ADDRESS		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
STREET ADDRESS		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 located 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

**NATURE:** *[Signature]* **NOTARIZATION REQUIRED** 07/03/99 (813) 884-9628

CR2E034 (5/99)

S78169  
583489-90017-25

## **LEE BROTHERS' RESTAURANT, INC.**

4447 4<sup>th</sup> Street North St. Petersburg, Florida 33703 Ph: (727) 522-8584

---

July 2, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I've received a second notice for the 1999 Profit Corporation Annual Report on July 1, 1999 and was very concerned. The reason is because I've never received a packet until now. When I called your office on July 2, 1999, I was told to send a letter explaining this situation and would only have to pay \$150 when filing.

Please call me at (813) 887-5174 if you have any questions concerning this matter.

Thank You.



Dieu Dinh Ly  
President