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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **200184** **(0)**

1. Corporation Name
ROBERT E. LEE ENTERPRISES INC

Principal Place of Business	Mailing Address
SAGE, PAUL ONE OLD COUNTRY RD. CARLE PLACE NY 11514	SAGE, PAUL ONE OLD COUNTRY RD. CARLE PLACE NY 11514

3. Date Incorporated or Qualified: 02/22/1957
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 C/o Parry Real Estate	26 C/o Parry Real Estate
Suite, Apt. #, etc. 22 9628 NE 2nd Ave Ste A	Suite, Apt. #, etc. 27 9628 NE 2nd Ave Ste A
City & State 23 Miami Shores Fl	City & State 28 Miami Shores Fl
Zip / Country 24 33138 / 25 USA	Zip / Country 29 33138 / 30 USA

4. FEI Number: 56-0670442 ☐ 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

9. Name and Address of Current Registered Agent

GRADY, JOAN M.
C/O PARRY REAL ESTATE
9628 N.E. 2ND AVENUE, SUITE 2A
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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and the date as required. NOTE: Registered Agent Signature is required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMIRZIAN, NELLY 55 CHAMP DU VERT CHASSEU 1180 BRUXELLES, BELGIU ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAGE,PAUL ONE OLD COUNTRY ROAD CARLE PLACE NY ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRADY,JOAN C/O PARRY REAL ESTATE 9628 NE 2ND AVE A MIAMI SHORES FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	President / Director Grady Joan C/o Parry Real Estate 9628 NE 2nd Ave # A Miami Shores, Fl 33138 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Joan M Grady 3/15/96 305-758-9681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #