

**2008 FOR PROFIT-CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90083 041 ***150.00

DOCUMENT # 280514 1. Entity Name ALAN & LEE REALTY CORP	
---	---

Principal Place of Business 7597 CINEBAR DR BOCA RATON, FL 33433 US	Mailing Address 7597 CINEBAR DR BOCA RATON, FL 33433 US
---	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1061651	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---

6. Name and Address of Current Registered Agent KESSLER, BERNARD J. ESQ 6109 BALBOA CIRCLE STE 103 BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bernard J. Kessler* 1/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS KESSLER, BERNARD J 6109 BALBOA CIR # 103 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MITCHEL, TAMARA 7597 CINEBAR DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHEL, ALAN 6830 MERCER WAY 6155 93 Ave S.E. MERCER ISLAND, WA 98040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STOLLMAN, LAUREN 3865 KINGS WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara Mitchell, Pres.* 1/14/08 561-750-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #