SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION

Sandra B. Mortham

•	1996			Secretary of State ISION OF CORPORATIONS					
DOCUI	MENT # 4011	74	(8)	- 0/15/3 - 1 - 1					
LEE PA	ARK APARTMENTS, INC.								
Principal Plac	e of Business	Maling Ad	dress				1 100411 OFBUL ODIOH (1004 1504 1606)	BI BİQLE BABEL B	IAN BIDII DIBN BIBN IEBN
6110 S.W. 68TH STREET P.O. BOX 431328 SOUTH MIAMI FL 33143		P.O. BOX	6110 S.W. 68TH STREET P.O. BOX 431328 SOUTH MIAMI FL 33143				3. Date incorporated or Qualified	Ta- Data	of Last Report
							05/15/1972	1	11/1995
_2. Principal P. 21	lace of Busines,	2a. Mailing	Address				4. FEI Number 59-1545734		Applied For Not Applicable
Suite, Apt	#, etc	Suite, A	pt #, etc.				5. Certificate of Status Desired		\$8.75 Additional
City & State	e	27 City & S	Itate					<u></u>	Fee Required
23		28					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Ζιρ		Cour	itry		8. This corporation has liability for i		
24	9. Name and Address of Cu	29 rrent Registered Ag	ent	30 			Florida Statutes 10. Name and Address of New Re	Yes	No ent
Di					B1 Name		10	giotereu Ag	
	ITER, JOHN			-	B2 Street	3	(P.O. Box Number is Not Acceptab		
5401 COLLINS AVE #100 MIAMI BCH FL 33140					Street	1 Address	(P.O. Box Number Is Not Acceptab	e)	
£41F	AMIL DOTT I'L 33 140			Ī	B3				
				-	B4 City	···-			85 Zip Code
				1				FL	1
11. Pursuant i office or ri	to the provisions of Sections 607. egistered agent, or both, in the St	0502 and 607-1508, l tate of Florida - Such c	Florida Statu charide was :	tes, the abo authorized I	ive-named by the con	dicorpora poration's	tion submits this statement for the pu board of directors. I hereby accept	rpose of ch	anging its registered
agent La	ni familiar with, and accept the ob	oligations of, Section	607.0505, Fi	orida Statut	es	prosterior c	r board or anactoral Title oby necessit	ine appoint	mem as registered
SIGNATURE	Signature, type dioc protectinani elizifie granes.	facest an I the diancheats.		III. Barring	Amaril elements	r. rect tr. d.a.	her reachtrup	DAIF	
12.		AND DIRECTORS	(14)	I 13		ine required w	ADDITIONS/CHANGES TO OFFIC		IBECTORS IN 12
TITLE	D		DELETE	1 1 TITE	.E				Change Addition
NAME	Bellinger, Louise			1.2 NAM	Æ.				
STREET ADDRESS	6141 SW 69 STREET			13 STR	FET ADDRESS	;			
CITY-ST-ZIP	S MIAMI, FL 00000	<u> </u>		1 4 CII'	r-ST-ZIP				
TITLE	Ţ	L	DELETE	2 1 TH	E				Change Add-tion
NAME	MCFATTEN, JULIA			2.2 NA1	A8				
STREET ADDRESS	6123 SW 69 STREET			23 STR	EET ADDRESS	:			
CITY-ST-Z-P	S MIAMI, FL 00000		T 05:55		Y · ST · ZIP	ļ	···	· · · · · · · · · · · · · · · · · ·	
TITLE	P	L	DELETE	3 1 TITL	-			L.i	Change Addition
NAME Azaraz unagasan	MCCRAY, LOU ETTA			3.2 NA3					
STREET ADDRESS	6108 SW 68 STREET				EET ADORESS				
CITY-ST-ZIP THLE	S MIAMI, FL 00000		DELETE	3.4. CIT 4.1 TITE	Y-ST-ZIF				Chings Addition
NAME	s Jordan, Mary	L-	_l vecete	4 2 NA				اا	Change Addition
STREET ADDRESS	5965 SW 69 STREET				vi Eel adoress				
CITY-ST-ZIP	S MIAMI FL					•			
TITLE	P P		DELETE	5 (1) (1)	r-ST-ZIP E	+		·	Change Addition
NAME	DAVIS, MARY	_	-	5 2 NAM				L	. J
STREET ADDRESS	6139 SW 69 STREET				EE FADDRESS				
CITY-SI-ZIP	S. MIAMI FL				r-SF-ZIP				
TITLE			DELETE	6 1 MH	····	1			Change Addition
NAME				6 2 NAM	/E				
STREET ADDRESS				6 3 STR	ef1 ADDRESS	.			
CITY - ST - ZIP				6.4 CIT	í - S1 - ZIP				
14. I do hereb	by certify that the information supp	plied with this filing is	voluntarily fo	arnished an	d does no	t qualify f	or the exemption stated in Section 1	19 07(3)(k).	Florida Statutes 1

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 617, Florida Statutes, and that my name appears in Block 13 if changeo, or on an altachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORY

6-12-96 305-665-6221