

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

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Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **401174** (8)
1. Corporation Name
LEE PARK APARTMENTS, INC.



Principal Place of Business 6110 S.W. 68TH STREET P.O. BOX 431328 SOUTH MIAMI FL 33143	Mailing Address 6110 S.W. 68TH STREET P.O. BOX 431328 SOUTH MIAMI FL 33143-3414
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/15/1972	3a. Date of Last Report 06/19/1996
4. FEI Number 59-1545734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
RITTER, JOHN 5401 COLLINS AVE #100 MIAMI BCH FL 33140	

10. Name and Address of New Registered Agent	
81 Name	Nathaniel Orange
82 Street Address (P.O. Box Number is Not Acceptable)	3107 Spring Glen Road Suite 204
83	No CHANGE
84 City	Jacksonville
85 Zip Code	32207

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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BELLINGER, LOUISE
STREET ADDRESS	6141 SW 69 STREET
CITY-ST-ZIP	S MIAMI, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	T MCFATTEN, JULIA
STREET ADDRESS	6123 SW 69 STREET
CITY-ST-ZIP	S MIAMI, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P MCCRAY, LOU ETTA
STREET ADDRESS	6108 SW 68 STREET
CITY-ST-ZIP	S MIAMI, FL 00000
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S JORDAN, MARY
STREET ADDRESS	5965 SW 69 STREET
CITY-ST-ZIP	S MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P DAVIS, MARY
STREET ADDRESS	6139 SW 69 STREET
CITY-ST-ZIP	S. MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Treasurer
1.3 STREET ADDRESS	BELLINGER, LOUISE
1.4 CITY-ST-ZIP	6141 SW 69 street
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	President
2.3 STREET ADDRESS	MCFADDEN, JULIA
2.4 CITY-ST-ZIP	6123 SW 69 Street
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	Farrington-Chance, Nia
3.4 CITY-ST-ZIP	6109 SW 69 Street
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Parliamentarian
4.3 STREET ADDRESS	Godbolt, Jerry
4.4 CITY-ST-ZIP	5956 SW 68th Street
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S. Miami FL 33143
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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, changed or on an attachment with an address.

SIGNATURE: *Nathaniel Orange* NATHANIEL ORANGE 5/8/97 904-398-7535

CR2E034 (9/96)