

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  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 495378 (2)

1. Corporation Name

LEE ALAN, INC.

Principal Place of Business

Mailing Address

1859 S DIXIE HWY  
POMPANO BCH FL 33060  
US

1859 S DIXIE HWY  
POMPANO BCH FL 33060  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MYERS, LESTER  
1859 S DIXIE HWY  
POMPANO BCH FL 33060

3. Date Incorporated or Qualified

05/07/1976

3a. Date of Last Report

06/12/1995

4. FEI Number

59-1748684

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. 190.032,  
Florida Statutes

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

MYERS, JERRY

82 Street Address (P.O. Box Number is Not Acceptable)

1859 S. DIXIE HWY

83

84 City

POMPANO BEACH

FL

85 Zip Code

33060

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

Signature of registered agent and the applicable

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

7/16/96

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME MYERS, LESTER  
STREET ADDRESS 1859 S DIXIE HWY  
CITY-ST-ZIP POMPANO BCH FL

TITLE V ☐ DELETE  
NAME MYERS, JERRY  
STREET ADDRESS 1859 S DIXIE HWY  
CITY-ST-ZIP POMPANO BCH FL

TITLE V ☐ DELETE  
NAME MYERS, GARY  
STREET ADDRESS 1859 S DIXIE HWY  
CITY-ST-ZIP POMPANO BCH FL

TITLE ST ☒ DELETE  
NAME MYERS, BETTY JANE  
STREET ADDRESS 1859 S DIXIE HWY  
CITY-ST-ZIP POMPANO BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE V.P. / SECRETARY / TREASURER ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)