

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90155 038 ***150.00

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DOCUMENT # 495378

1. Corporation Name
LEE ALAN, INC.

Principal Place of Business
1859 S DIXIE HWY
POMPANO BCH FL 33060
US

Mailing Address
1859 S DIXIE HWY
POMPANO BCH FL 33060
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1976

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 1823 S. Dixie Hwy

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach, FL

Zip

24 33060

Country

25 US

2a. Mailing Address

26 1823 S. Dixie Hwy

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach, FL

Zip

29 33060

Country

30 US

9. Name and Address of Current Registered Agent

MYERS, JERRY
1859 SOUTH DIXIE HWY
POMPANO BEACH FL 33060

10. Name and Address of ~~Current~~ Registered Agent

81 Name

MYERS, JERRY

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

1823 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MYERS, JERRY
STREET ADDRESS 1859 S DIXIE HWY
CITY-ST-ZIP POMPAN0 BCH FL

TITLE VST ☐ DELETE

NAME MYERS, GARY
STREET ADDRESS 1859 S DIXIE HWY
CITY-ST-ZIP POMPAN0 BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME MYERS, JERRY
1.3 STREET ADDRESS 1823 S. Dixie Hwy
1.4 CITY-ST-ZIP Pompano Beach, FL 33060

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME MYERS, GARY
2.3 STREET ADDRESS 1823 S. Dixie Hwy
2.4 CITY-ST-ZIP Pompano Beach, FL 33060

3.1 TITLE ☐ 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JERRY MYERS PRES

4/20/99

954-942-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)