

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

FILED

May 06 1997 8:00am
Secretary of State

* PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 615346 (4)
1. Corporation Name
LEE ACCOUNTING AGENCY, INC.



Principal Place of Business 630 WOODBROOK WAY MELBOURNE FL 32940 US	Mailing Address 630 WOODBROOK WAY MELBOURNE FL 32940-1739 US
--	---

2. Principal Place of Business 21 2990 S. Fiske Blvd. Suite, Apt. #, etc. 22 Unit F 4. City & State 23 Rockledge, Fla. Zip 24 32955 Country		2a. Mailing Address 26 2990 S. Fiske Blvd. Suite, Apt. #, etc. 27 Unit F 4. City & State 28 Rockledge, Fla. Zip 29 32940 Country 30 32940		3. Date Incorporated or Qualified 03/26/1979	3a. Date of Last Report 04/16/1996
				4. FEI Number 59-1880663	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEE, JOHN JR 1076 S FISKE BLVD ROCKLEDGE FL 32955		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2990 S. FISKE BLVD. UNIT I 4 83 84 City ROCKLEDGE FL 85 Zip Code 32955	
--	--	--	--

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	LEE, JOHN W JR	1.2 NAME	
STREET ADDRESS	630 WOODBROOK WAY	1.3 STREET ADDRESS	2990 S. FISKE BLVD. UNIT I 4
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	ROCKLEDGE FLA 32955
TITLE	DV	2.1 TITLE	
NAME	LEE, CLAUDIA	2.2 NAME	
STREET ADDRESS	630 WOODBROOK WAY	2.3 STREET ADDRESS	2990 S. FISKE BLVD. UNIT I 4
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	ROCKLEDGE, FLA. 32955
TITLE	DS	3.1 TITLE	
NAME	LEE, CLAUDIA J.	3.2 NAME	
STREET ADDRESS	630 WOODBROOK WAY	3.3 STREET ADDRESS	2990 S. FISKE BLVD. UNIT I 4
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	ROCKLEDGE, FLA. 32955
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: [Signature] 4/28/97 402-632-1475

CR2E034 (9/96)