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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 816013

(7)

1. Corporation Name

LEE ACRES CORPORATION

Principal Place of Business

1309 RUSTLEWOOD  
BRANDON FL 33510

Mailing Address

1309 RUSTLEWOOD  
BRANDON FL 33510



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OUELLETTE, ROBERT  
1309 RUSTLEWOOD  
BRANDON FL 33510

81. Name

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

83

84. City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |            |
|----------------|--------------------|------------|
| TITLE          | PD                 | [ ] DELETE |
| NAME           | OUELLETE, ROBERT   |            |
| STREET ADDRESS | 1309 RUSTLEWOOD    |            |
| CITY-STATE-ZIP | BRANDON FL         |            |
| TITLE          | T                  | [ ] DELETE |
| NAME           | KALAYNACH, MICHAEL |            |
| STREET ADDRESS | 3825 22ND STREET   |            |
| CITY-STATE-ZIP | WYANDOTTE MI       |            |
| TITLE          | SM                 | [ ] DELETE |
| NAME           | OUELLETTE, GLORIA  |            |
| STREET ADDRESS | 1309 RUSTLEWOOD    |            |
| CITY-STATE-ZIP | BRANDON FL         |            |
| TITLE          | D                  | [ ] DELETE |
| NAME           | WARGO, MICHAEL     |            |
| STREET ADDRESS | 4402 BUCKINGHAM    |            |
| CITY-STATE-ZIP | ROYAL OAK MI       |            |
| TITLE          |                    | [ ] DELETE |
| NAME           |                    |            |
| STREET ADDRESS |                    |            |
| CITY-STATE-ZIP |                    |            |
| TITLE          |                    | [ ] DELETE |
| NAME           |                    |            |
| STREET ADDRESS |                    |            |
| CITY-STATE-ZIP |                    |            |

|                    |                         |
|--------------------|-------------------------|
| 1. TITLE           | [ ] Change [ ] Addition |
| 2. NAME            |                         |
| 3. STREET ADDRESS  |                         |
| 4. CITY-STATE-ZIP  |                         |
| 5. TITLE           | [ ] Change [ ] Addition |
| 6. NAME            |                         |
| 7. STREET ADDRESS  |                         |
| 8. CITY-STATE-ZIP  |                         |
| 9. TITLE           | [ ] Change [ ] Addition |
| 10. NAME           |                         |
| 11. STREET ADDRESS |                         |
| 12. CITY-STATE-ZIP |                         |
| 13. TITLE          | [ ] Change [ ] Addition |
| 14. NAME           |                         |
| 15. STREET ADDRESS |                         |
| 16. CITY-STATE-ZIP |                         |
| 17. TITLE          | [ ] Change [ ] Addition |
| 18. NAME           |                         |
| 19. STREET ADDRESS |                         |
| 20. CITY-STATE-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)(b), 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 or person 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:

*Robert B. Ouellette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert B. Ouellette

3/31/96 8136812562  
Date Filing Fee

CR2E034 (12/95)