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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90090 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 816013

1. Corporation Name

LEE ACRES CORPORATION

LEE AUF	HES CORPORATION							
Principal Place	e of Business	Mailing Address				BIRIT GIRIT BERGI I		
7571 MEADOW CT. 7571 MEADOW CT.								, 1
DUBLIN CA 94568 DUBLIN CA 94568								
US US					DO NOT WRITE IN THIS SPACE			1
					3. Date Incorporated or Qualifed 02/23/1962		<u> </u>	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	 	plied For	
21		26			38-1720989		t Applicable	1
=Suite, Apt.#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee.Re		
22		27					=	
City & State	e	City & State		6. Election Campaign Financing	\$5.00			
23		Zip Country		Trust Fund Contribution	Added t	o rees	ł	
Zip	— — — — — — — — — — — — — — — — — — —			у	8. This corporation owes the current year I	ntangibie □ Yes	IZ1No	
24	25		<u> </u>	 	Personal Property Tax. 10. Name and Address of New Registere		12110	ł
	9. Name and Address of Current	Registered Agent	81	Name	10. Haine and Address of New Hogisters			
	SHO, DAVID		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			1
1015				000 (* 10. 000 10. 10. 10. 10. 10. 10. 10. 10.				
DHA	NDON FL 33511		83	}				
			84	1 -	F		Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abov	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered	l
office or r	egistered agent or both in the State om familiar with, and accept the obligat	of Florida." Such change was autions of, Section 607.0505, Florid	thorized by da Statute:	/ the corporations.	on's board of directors. I hereby accept the app	ointment as re	gistered	
SIGNATURE		,						ļ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig				ent signature require				í
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTO	ORS IN 12 ☐ Addition	9
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition	1,1
NAME	OUELLETE, ROBERT		1.2 NAME	ļ				F03
STREET ADDRESS	7571 MEADOW CT.		1.3 STREE	ET ADDRESS				ļ
CITY-ST-ZIP	DUBLIN CA 94568		1.4 CITY-1	ST-ZIP		Change	☐ Addition	- 6
TITLE	T	☐ DELETE	2.1 TITLE			☐ Criange	☐ Addition	-
NAME	KALAYNACH, MICHAEL		2.2 NAME	Į.			_	Į
STREET ADDRESS	3825 22ND STREET		2.3 STREE	T ADORESS				ı
CITY-ST-ZIP	-WYANDOTTE-MI		-	ST-ZIP		Change	☐ Addition	
TITLE	SM	☐ DELETE	3.1 TITLE			☐ Change		
NAME	OUELLETTE, GLORIA	•	3.2 NAME					l
STREET ADDRESS	7571 MEADOW CT.		3.3 STREE	ET ADDRESS				
CITY-ST-ZIP	DUBLIN CA 94568		3.4. CITY-	ST-ZIP				-
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	ł
NAME	WARGO, MICHAEL		4:2 NAME					ł
STREET ADDRESS	4402 BUCKINGHAM		4.3 STREE	ET ADDRESS				1
CITY-ST-ZIP	ROYAL OAK MI 94568		4.4 CITY-	ST-ZIP				4
TITLE		☐ DELETE	5.1 TITLE	1		Change	☐ Addition	
NAME	1		5.2 NAME	1				
STREET ADDRESS	3		5.3 STREE	ET ADDRESS				١.
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				1
TITLE			6.1 TITLE			Change	☐ Addition	
NAME	6.2 N		6.2 NAME	1		=		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP