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

FILED Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)842178 LEE NATIONAL CORPORATION Principal Place of Business Mailing Address 645 FIFTH AVE 645 FIFTH AVE **NEW YORK NE 10022** NEW YORK NE 10022 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/28/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 23-0795380 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. ☐ Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC 81 Name 801 NE 167TH ST 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH FL 33162 83 84 City Zip Code 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE DWORMAN, ALVIN 1.2 NAME NAME 645 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10022** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE KRUGMAN, MARK NAME 22 NAME **645 FIFTH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE TITLE KORS, MONTE 3.2 NAME NAME **645 FIFTH AVENUE** 3.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an alternative with an address. 212-848-0210 SIGNATURE:

DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

Change

Addition