

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

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**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F04802 (7)

1. Corporation Name
CAROLINE & LEE, P.A.



Principal Place of Business 4551 F MAINLANDS BLVD PINELLAS PARK FL 34666	Mailing Address 4551 F MAINLANDS BLVD PINELLAS PARK FL 34666
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2. Principal Place of Business 21 4551 Mainlands Blvd.	2a. Mailing Address 26 4551 mainlands Blvd	3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 02/07/1996
Suite, Apt. #, etc. 22 Ste. F	Suite, Apt. #, etc. 27 Ste F	4. FEI Number 59-2035054	Applied For Not Applicable
City & State 23 Pinellas Park FL	City & State 28 Pinellas Park FL	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33782	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 29 USA	Zip 30 33782	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEE, FRANCIS M M
4551 F MAINLANDS BLVD
PINELLA PARK FL 34666**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4551 MAINLANDS Blvd.
83	Ste. F
84 City	Pinellas Park
85 State	FL
86 Zip Code	33782

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAROLINE, PETER J	
STREET ADDRESS	4551 F MAINLANDS BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LEE, FRANCIS	
STREET ADDRESS	4551 F MAINLANDS BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEE, FRANCIS	
STREET ADDRESS	4551 F MAINLANDS BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAROLINE, PETE J	
STREET ADDRESS	4551 F MAINLANDS BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Caroline, Peter J	
1.3 STREET ADDRESS	4551 mainlands Blvd Ste F	
1.4 CITY-ST-ZIP	Pinellas Park FL 33782	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lee, Francis M.	
2.3 STREET ADDRESS	4551 mainlands Blvd Ste F	
2.4 CITY-ST-ZIP	Pinellas Park FL 33782	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 REQUIRED** Date: **4/4/97** Daytime Phone #: **813 576-1203**

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