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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

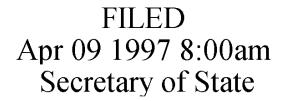
DOCUMENT # F04802

(7)

CAROLINE & LEE, P.A.

Principal Place of Business

Mailing Address





4551 F MAINLANDS BLVD PINELLAS PARK FL 34666	4551 F MAINLANDS BLVD PINELLAS PARK FL 34688			
			3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 02/07/1996
2. Principal Place of Business 21 4551 Mainlands Blyd.	2a. Mailing Address	ainlands Bluc	4. FEI Number	Applied For
21 4551 Mainlands Biva. Suite, Apt #, etc.	26 4551 M Suite, Apt. #, etc.	atiticango Divo	59-2035054	Not Applicable \$8.75 Additional
Ste. F	27 Ste F		5. Certificate of Status Desired	Fee Required
Diva State	Gity & State	Park FL	6. Election Campaign Financing	\$5.00 May Be
23 Finellas Park FI Zip Country	28 rinellas	Country	Trust Fund Contribution	Added to Fees
24 33782 25 USA	29 33782	30 USA	8. This corporation has liability for i	Yes No
Name and Address of Curre			10. Name and Address of New Re	glatered Agent
LEE, FRANCIS M M		81 Name		
4551 F MAINLANDS BLVD	•	82 Street Add	iress (P.O. Box Number is Not Acceptab	e)
PINELLA PARK FL 34666		83 610	MAINLANDS BIVE	
		83 S+e.	<u> </u>	"
		84 Cip ne	llas Park	FL 85 3378 2
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida State	ites, the above named cor	poration submits this statement for the o	surpose of changing its registered
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607,0505. f	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby accep	or the appointment as registered
SIGNATURE				
S produce typed or product name of registered as 12. OFFICERS Af	pent and little if applicable (NO NO DIRECTORS	TE: Registered Agent signature requi	uired when reinslating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
THE DP	DELETE		PARolline, Peter J	Change Addition
NAME CAROLINE, PETER J		1.2 NAME	1551 mainlands Blu	
STREET ADDRESS 4551 F MAINLANDS BLVD				
CHY-ST-ZIP PINELLAS PARK FL		1.4 CITY - ST - ZIP	Pinellas Park PL	
TIBLE DVP	L DELETE	2.1 TITLE	ρ	Change Addition
NAME LEE, FRANCIS		2.2 NAME	ee Francis M. Ssimainlands Blu	id stef
STREET ADDRESS 4551 F MAINLANDS BLVD PINELLAS PARK FL			, <u>a</u> - a	33782
OCTY-ST-ZIP PINELLAS PARK FL TILLE S	☐ DELETE	2.4 CITY-ST-ZIP 31 TITLE	inellas Park Fl	Change Addition
NAME LEE, FRANCIS		3.2 NAME		
STREET ADDRESS 4551 F MAINLANDS BLVD		3.3 STREET ADDRESS		
CITY STUZIE PINELLAS PARK FL		3.4. CITY-ST-ZIP		
Title T	DELETE	4.1 TITLE .		Change Addition
NAME CAROLINE, PETE J		4. 2 NAME		
STREET ADDRESS 4551 F MAINLANDS BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP PINELLAS PARK FL		4.4 City - ST - ZiP		
III	☐ DELETE	5.1 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDIESS		5.3 STREET ADDRESS		
C(1Y+S1+7IP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
Tifle	E-1 DECEME			E sugardo E radialos.
NAME CTREET ANDRESS		6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY+ST-ZIP		
14. I do hereby certify that the information suppli	nd with this filing does not gus		od in Section 119 07(3)(i) Florida Statute	e I further certify that the

I to a most series and the morniage and the morniage and the same legal effect as if made under oath; that 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 13 if changed, or on an altachment with an address.

SIGNATURE: