

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:41

DOCUMENT # G73157 (1)

1. Corporation Name
LEE'S PLAZA, INC.

Principal Place of Business
**10754-70 AVE. N.
SEMINOLE FL 34642
US**

Mailing Address
**11578 TRADEWINDS BLVD
LARGO FL 34643**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1984** 3a. Date of Last Report **01/27/1994**

4. FEI Number **59-2365880** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

**LEE, JAMES W
11578 TRADE WINDS BLVD
LARGO FL 34843**

10. Name and Address of New Registered Agent

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 607.1508, 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

V

TITLE
NAME **LEE, CLIFTON M. JR.**
STREET ADDRESS **7590 PINE VALLY LANE**
CITY-ST-ZIP **SEMINOLE FL**

P

TITLE
NAME **LEE, JAMES W**
STREET ADDRESS **11578 TRADEWINDS BLVD**
CITY-ST-ZIP **LARGO FL**

S

TITLE
NAME **EIDSCHUN, DIANNE L.**
STREET ADDRESS **11278 67 AVE N**
CITY-ST-ZIP **SEMINOLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME **S Lee, Dianne L.**

3.3 STREET ADDRESS **9714 Indian Key Trail**

3.4 CITY-ST-ZIP **SEMINOLE, FL**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: James W. Lee 3-31-95 813-391-2065

DATE: _____