

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # H36719 (3)**

1. Corporation Name  
**LEE-AIR, INC.**



Principal Place of Business

1122 SE 6TH AVE  
CAPE CORAL FL 33990  
US

Mailing Address

1122 SE 6TH AVE  
CAPE CORAL FL 33990  
US

3. Date Incorporated or Qualified  
**12/31/1984**

3a. Date of Last Report  
**10/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2935 WINKLER AVE** **P.O. Box 151968**

4. FEI Number

**59-2490975**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

**UNIT 1103**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

23 City & State

**FT MYERS FL**

28 City & State

**CAPE CORAL FL**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

24 Zip

Country

29 Zip

Country

**33916**

**33915-1968**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOTOPONLOS, PHILIP B  
1122 S.E. 6TH AVE.  
CAPE CORAL FL 33990**

81 Name

**PHILIP B. FOTOPoulos**

82 Street Address (P.O. Box Number is Not Acceptable)

**2935 WINKLER AVE**

83

**UNIT 1103**

84 City

**FT. MYERS**

FL

85 Zip Code

**33916**

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 607.0502, Florida Statutes.

SIGNATURE

*Philip B. Fotopoulos*

*Pres.*

**4-20-96**

Signature, typed or printed name of registered agent, if applicable

Signature, typed or printed name of registered agent, if applicable

Date

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **FOTOPoulos, PHILIP B.**  
STREET ADDRESS **324 SE SANTA BARBARA PL**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VS** ☐ DELETE  
NAME **FOTOPoulos, PAULA J.**  
STREET ADDRESS **324 SE SANTA BARBARA PL**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **FOTOPoulos, PHILIP B.**  
1.3 STREET ADDRESS **2935 WINKLER AVE UNIT 1103**  
1.4 CITY-ST-ZIP **FT MYERS, FL 33916**

2.1 TITLE **VS** ☒ Change ☐ Addition  
2.2 NAME **FOTOPoulos, PAULA J.**  
2.3 STREET ADDRESS **2935 WINKLER AVE UNIT 1103**  
2.4 CITY-ST-ZIP **FT MYERS, FL 33916**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 119.07(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:

*Philip B. Fotopoulos*

*Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-96**

**941-931-7456**

Date

Daytime Phone

CR2E034 (12/95)