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

PROFIT

COF ANNL	PROFIT RPORATION JAL REPORT 1997	Sandra B Secretal	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 10 1997 8:00am Secretary of State		
	MENT # H7239 LEE ENTERPRISES, INC.	5 (7)			1 10 0 TO K DUK JANG 1190 DUKA 1840 BA	1 31 00 3101 2140 8161 6161	410U 1 1 11
Principa! Place % JOHN E. KEI 16301 DEW DR TAMPA FL 3362	LLY OP LANE	Mailing Address % JOHN E. KELLY 16301 DEW DROP LANE TAMPA FL 33625-1366			3. Date Incorporated or Qualified	3a. Date of Last R 04/26/1996	
2. Principal P	lace of Business	2a. Mailing Address			08/14/1985 4. Fet Number		pplied For
21		26			59-2567130		ot Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7	Additional equired
City & State	()	City & State			6. Election Campaign Financing		May Be
23 Zipi	Country	26	Count	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		to Fees
24	25	29	30	.,,	8. This corporation has liability for Florida Statutes	Yes No	3. 199.032,
	9. Name and Address of Curre	ent Registered Agent		<u> </u>	10. Name and Address of New R	egistered Agent	
	Y, JOHN E.]*	1 Name			
	1 DEW DROP LANE PA FL 33625		6	2 Street Ad	idress (P.O. Box Number is Not Accepta	ble)	
17500	FA FL 33023		8	3			
			1	4 City		- 85 Zip	Code
	007.01	00 1007 4500 El 11 60 1				PL	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	te of Florida, Such change was a	es, the abo authorized	by the corpor	orporation submits this statement for the ration's board of directors. I hereby acceptation's	purpose of changing i opt the appointment as	ts registered registered
	m tamiliar with, and accept the obl	gations of, Section 607.0505, Fig	orida Statu	es.			
SIGNATURE	Signer or integral or printed name of registered a			Agent signature rec	quired when reinstating)	DATE	
12. TILL			13. 1.1 Till		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	Addition
NAME	KELLY, JOHN E.	□ with	1.2 NAM	ŀ		Criange	
STREET ADORESS	16301 DEW DROP LANE			ET ADDRESS			
CITY-ST ZIF	TAMPA FL		1.4 0(1)	-ST-ZIP			
TUTLE	PO	☐ DELETE	2.1 TITL			Change	Addition
NAME	KELLY, MARILYN J.		2.2 NAV	- 1			1
STREET ADDRESS	16301 DEW DROP LANE TAMPA FL			ET ADDRESS			
CITY-ST ZIP	IAMITA FL	DELETE	3.1 FITU	/-\$1-ZiP		Change	Addilion
NAME		bout commit	3.2 NAM	1			
STREET ADDRESS			3.3 STRI	ET ADDRESS			}
CHY - \$1 - Z@			3.4 CIF	(-ST-ZIP			
THUE		DELETE	4.1 TITL	E		Change	Addition
NAME .			4. 2 NA	1			1
STREET: ABURESS COVEST 2IF				-ST-ZIP			j
THE		DELETE	5.1 TITL			Change	Addition
NAME			5.2 NAM	i			[
STREET ADDRESS			5.3 STRI	ET ADDRESS			Ì
CHTY - S1 - ZIP				-ST-ZIP			
11'LF		DELETE	6,1 1110	l l		[] Change	Addition
NAME etoscilanopree			6.2 NAM				1
STREET ADORESS			1	EET ADDRESS			}

14. If do 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 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 at 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 flock 13 if changes, or on an attachment with an address.

SIGNATURE:

FILED