


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H90817 (8) 1. Corporation Name LEE MICHAELS, INC.					
Principal Place of Business % BRUCE M. KENNEDY 12230 S. ASTER POINT FLORAL CITY FL 34436			Mailing Address % BRUCE M. KENNEDY 12230 S. ASTER POINT FLORAL CITY FL 34436		
% Winifred B. Kennedy					
2. Principal Place of Business 21 457 E. Highland Blvd Suite, Apt. #, etc. 22 Inverness, Fla. City & State 23 Inverness, Fla. Zip 24 34452		2a. Mailing Address 26 12230 S. Aster Pt. Suite, Apt. #, etc. 27 City & State 28 Floral City Zip 29 34436		Country 30	
9. Name and Address of Current Registered Agent KENNEDY, BRUCE M. 12230 S. ASTER POINT FLORAL CITY FL 34436			10. Name and Address of New Registered Agent 81 Name Winifred B. Kennedy 82 Street Address (P.O. Box Number is Not Acceptable) 12230 S. Aster Point 83 84 City Floral City FL 85 Zip Code 34436		
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 <u>Winifred B. Kennedy</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-18-98</u>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, BRUCE M.		1.2 NAME		
STREET ADDRESS	457 HIGHLAND BLVD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	INVERNESS FL		1.4 CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, WINIFRED B.		2.2 NAME		
STREET ADDRESS	457 HIGHLAND BLVD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	INVERNESS FL		2.4 CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, MICHAEL C		3.2 NAME		
STREET ADDRESS	457 HIGHLAND BLVD		3.3 STREET ADDRESS		
CITY - ST - ZIP	INVERNESS FL		3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I 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: Winifred B. Kennedy

1/18/98 352:726-0068

CR2E094 (10/97)