


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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J15016 (5)					
1. Corporation Name RONALD E. LEE, P.A.					
Principal Place of Business 6265 W SAMPLE RD SUITE 289 CORAL SPRINGS FL 33067 US			Mailing Address 6265 W. SAMPLE RD. SUITE 289 CORAL SPRINGS FL 33067-3175 US		
2. Principal Place of Business 21 3100 Shannon Dr. Suite, Apt. #, etc. 22 City & State 23 Punta Gorda, Fla. Zip 24 33982 Country 25 US		2a. Mailing Address 26 3100 Shannon Dr. Suite, Apt. #, etc. 27 City & State 28 Punta Gorda, Fla. Zip 29 33982 Country 30 US		3. Date Incorporated or Qualified 05/16/1986 3a. Date of Last Report 01/26/1996 4. FEI Number 59-2685393 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEE, RONALD E. 6265 WEST SAMPLE ROAD SUITE 289 CORAL SPRINGS FL 33067			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 <i>Ronald E. Lee</i> PD 3/26/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 11 TITLE PD <input checked="" type="checkbox"/> DELETE 12 NAME LEE, RONALD E. 13 STREET ADDRESS 6265 WEST SAMPLE RD., SUITE 289 14 CITY-ST-ZIP CORAL SPRINGS FL 15 TITLE <input type="checkbox"/> DELETE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE <input type="checkbox"/> DELETE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE <input type="checkbox"/> DELETE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE <input type="checkbox"/> DELETE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME LEE, Ronald E. 13 STREET ADDRESS 3100 Shannon Dr. 14 CITY-ST-ZIP Punta Gorda, FLA 33982 15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP		
14. I do 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: <i>Ronald E. Lee</i> 3/26/97 941-505-1699 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)