

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **J17676 (4)**

1. Corporation Name  
**LEE & COOK INTERNATIONAL, INC.**



Principal Place of Business Mailing Address  
**666 SOUTH US #1 VERO BEACH FL 32962 US** **666 S US #1 VERO BEACH FL 32962 US**

3. Date Incorporated or Qualified **06/04/1986** 3a. Date of Last Report **03/27/1995**  
 4. FEI Number **59-2676540** 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 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**LEE, RAYMOND Y.**  
**666 SOUTH U.S. #1**  
**VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name **Burt K. Smithhart, CPA**  
 82 Street Address (P.O. Box Number is Not Acceptable) **670 N. COURTNEY PKWY. STE F**  
 83  
 84 City **Merritt Island FL** 85 Zip Code **32963**

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 **Burt K. Smithhart CPA** **Burt K. Smithhart 6-11-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, RAYMOND Y.	
STREET ADDRESS	2762 GREENMEADOW CIR	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COOK, RICHARD D.	
STREET ADDRESS	1314 CIRCLEWOOD DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEE, YIM H.	
STREET ADDRESS	2112J WINDING RIDGE AVE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, FOUNG W.	
STREET ADDRESS	645 13TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEE, CHNU Y.	
STREET ADDRESS	14 CIRCLEWOOD DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X Nancy Cook** **X 6-11-96 1-581-562-1213**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day, Month, Year)

CR2E034 (3/96)