


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS		
<b>DOCUMENT # J- 81515</b>				
1. Corporation Name <b>BELFORD S. LESTER III, P.A.</b>				
Principal Place of Business <b>201 Park Place, Ste 204 Altamonte Springs, FL 32701</b>		Mailing Address <b>201 Park Place, #204 Altamonte Springs, FL 32701</b>		
2. Principal Place of Business		2a. Mailing Address		
21		25	<b>201 Park Place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
22		27	<b># 204</b>	
City & State		City & State		
23		28	<b>Altamonte Spgs, FL</b>	
Zip		Zip		
24		29	<b>32701</b>	
Country		Country		
25		30		
9. Name and Address of Current Registered Agent				
<b>LESTER, BELFORD S 201 PARK PLACE STE. 204 ALTAMONTE SPRINGS FL 32701</b>			81	Name
			82	Street Address
			83	
			84	City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE				
(NOTE: Registered Agent signature required w/ Signature, typed or printed name of registered agent and title if applicable.				
<b>OFFICERS AND DIRECTORS</b>				
12.		13.		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		
NAME	<b>LESTER, BELFORD S</b>	1.1 TITLE		
STREET ADDRESS	<b>5403 JESSAMINE LANE</b>	1.2 NAME		
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	1.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE		
NAME		2.1 TITLE		
STREET ADDRESS		2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS		
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NAME		27.1 TITLE		
STREET ADDRESS		27.2 NAME		
CITY-ST-ZIP		27.3 STREET ADDRESS		
TITLE				

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR