

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

FILED
Jul 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K46437** (5)
1. Corporation Name
LEE COAST ENTERPRISES, INC.



Principal Place of Business % GARY F. MCNEAR 1517 SW 58TH ST CAPE CORAL FL 33914	Mailing Address % GARY F. MCNEAR 1517 SW 58TH ST CAPE CORAL FL 33914-8023
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3. Date Incorporated or Qualified 11/16/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0085287	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent MCNEAR, GARY F. 1517 SW 58TH ST CAPE CORAL FL 33914

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PTD
STREET ADDRESS	MCNEAR, GARY F.
CITY-ST-ZIP	1517 SW 58TH ST
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD
STREET ADDRESS	FRAZIER, BENNIE W.
CITY-ST-ZIP	308 BAYSHORE DR.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP
STREET ADDRESS	MCNEAR, SUSAN M.
CITY-ST-ZIP	1517 SW 58TH ST.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP
STREET ADDRESS	FRAZIER, DEBORAH
CITY-ST-ZIP	308 BAYSHORE DR.
CITY-ST-ZIP	CAPE CORAL FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPD
STREET ADDRESS	CONKLIN, CRAIG W
CITY-ST-ZIP	3088 SE 5TH CT
CITY-ST-ZIP	CAPE CORAL 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 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 _____ 1-20-97 941-278-4878

CP2E034 (9/96)