COF	PROFIT RPORATION UAL REPOR 1997	FILING FEE		FLORIDA DEPAR Sandra B	TMENT OF . Morthar	I STATE n	Apr 21 1 Secreta		7 8:0	
LEE FP,	INC. ce of Business ARK CIRCLE	L24856	9000 HEA Suite 20	(1) Address ALTHPARK CIRCLE 28 YERS FL 33609-363						
							3. Date Incorporated or Qualified 10/23/1989		Date of Last	Report
2. Principal F	2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 65-0184989	- 1		Applied For Not Applicabl	
Sulte, Apt.	. #, elc.		Suit	e, Apt. #, etc.		·····	5. Certificate of Status Desired		\$8.75	Additional
2 City & State		, <u> </u>	27 City & State			6. Election Campaign Financing Trust Fund Contribution Fee Required   Fee Required \$5.00 May Be Added to Fees			0 May Be	
23 Zip 24	25	Country	28 Zip 29		Countr 30	ry	8. This corporation has liability for	~	e tax under	
		Address of Curren		i Ageni	8	1 Name	10. Name and Address of New Re			
SUIT	D HEALTHPARK TE 208 RT MYERS FL 3:				8: 8: 8:	3	dress (P.O. Box Number is Not Accepta		<b>85</b> Zij	o Code
SUIT	re 208 At Myers FL 3:	3908	2 and 607.15 of Florida. Si alions of, Sec	508, Florida Statut uch change was a stion 607,0505, Fic	8	3 4 City	· · · · · · · · · · · · · · · · · · ·	FL	_     `	
FOR	TE 208 TE MYERS FL 33 to the provisions registered agent, am familiar with, e	3908			8 84 es, the abor authorized t pricta Statute	City City Corpora corpora s,	poration submits this statement for the ation's board of directors. I hereby acce	FL	_     `	
SUIT FOR 11. Pursuant office or agent. I a SIGNATURE 12.	TE 208 TE MYERS FL 33 to the provisions registered agent, am familiar with, e Signature, typed or prin	of Sections 607.0500 or both, in the State nd accept the obliga	nt and title if app'i	icabic. (NOTI IS	8: Bi authorized t brida Statute Registered A 13.	City City ve-named cor or y the corpora ss. gent signature requ	poration submits this statement for the statement of directors. I hereby acce	FL purpose of opt the ap	of changing pointment a	its registered is registered DRS IN 12
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE	TE 208 TE 208	3908 of Sections 607.050 or both, in the State nd accept the obliga ted name of registered age OFFICERS AND AND AVE	nt and title if app'i	icabie. (NOTI	B: B: B: B: B: B: B: B: B: B: B: B: B: B	City City ve-named cor or pora ses.	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	of changing	its registered is registered DRS IN 12
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-\$T-ZIP	TE 208 TE 208	3908 of Sections 607.050 or both, in the State nd accept the obliga ted name of registered age OFFICERS AND AND AVE	nt and title if app'i	icahre (NOTI 15 DELETE	B: B: B: B: B: B: B: B: B: B: B: B: B: B	City Ve-named cor py the corpora s. gont signature requ  FT ADDRESS S1-2/P	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	D DIRECTIC	its registered is registered DRS IN 12
SUIT FOR 11. Pursuant office or agent. I e SIGNATURE 12. THILE NAME STREET ADDRESS	TE 208 TE 208 TE MYERS FL 3: To the provisions registered agent, am familiar with, a Signeture, typed or prior D ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, P 3487 BROAD	3908 of Sections 607.050 or both, in the State nd accept the oblige ted name of registered age OFFICERS AND OFFICERS AND AND AVE FL HILLIP E. NAY	nt and title if app'i	icabic. (NOTI IS	Begistered A Begistered A 13. 11 TILLE 1.2 NAME 1.4 CITY- 2 NAME	City Ve-named cor py the corpora ss. goni signature requ  ET ADDRESS S1-20P	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	of changing pointment a	its registorod is registorod DRS IN 12
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE 208 T MYERS FL 3: to the provisions registered agent, am femiliar with, a Signeture, typed or prior D ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, P 3487 BROAD FORT MYERS	3908 of Sections 607.050 or both, in the State nd accept the oblige ted name of registered age OFFICERS AND OFFICERS AND AND AVE FL HILLIP E. NAY	nt and title if app'i	icahro. (NOTI 15 DELETE	Begistered A Begistered A Begistered A 13. 11 HILE 1.2 NAME 1.3 STREE 1.4 CITY- 2 1 TITLE 2 NAME 2.3 STREE 2.4 CITY	City Ve-named cor py the corpora set agent signature requ ET ADDRESS S1-ZIP ET ADDRESS -S1-ZIP	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	Change	its registorod Is registorod DRS IN 12 Addilio
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TE 208 TE 208 TE MYERS FL 3: to the provisions registered agent, am femiliar with, a Signature, typed or pro- D ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, PI 3487 BROADI FORT MYERS DS PAGE, RAYMA 2412 KENT A	3908 of Soctions 607.0500 or both, in the State accept the oblige OFFICERS AND OFFICERS AND AND AVE FL HILLIP E. NAY i FL	nt and title if app'i	icahre (NOTI 15 DELETE	Bigistored A Bigistored A Bigistored A 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2 TITLE 2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	City Ve-named cor Dy the corpora Second corporation	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	D DIRECTIC	its registorod Is registorod DRS IN 12 Addilio
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE 208 TE 208 TE MYERS FL 3: to the provisions registered agent, am femiliar with, e Signature, typed or pro- D ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, PI 3487 BROADD FORT MYERS DS PAGE, RAYM/ 2412 KENT A FORT MYERS	3908 of Soctions 607.0500 or both, in the State accept the oblige OFFICERS AND OFFICERS AND AND AVE FL HILLIP E. NAY i FL	nt and title if app'i	icative. (NOTI 185 DELETE DELETE DELETE	Bigistored A The abor authorized b Flogistored A 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY	City Ve-named cor Dy the corpora Second corporation	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	Change	its registered is registered DRS IN 12 Addition
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TE 208 TE 208 TE MYERS FL 3: registered agent, am femiliar with, e Signature, typed or pro- ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, PI 3487 BROADS FORT MYERS DS PAGE, RAYMA 2412 KENT A FORT MYERS CD BECKETT, JO 9800 HEALTH	3908 of Sections 607.0500 or both, in the State accept the oblige OFFICERS AND AND AVE FL HILLIP E. NAY i FL A C VE. i FL HN T. IPARK CIRCLE, SI	n end Me if envi	icahro. (NOTI 15 DELETE	B: B: B: B: B: B: B: B: B: B: B: B: B: B	City Ve-named cor yy the corpora os. gont signature requ  Et ADDRESS S1-2IP Et ADDRESS -S1-2IP Et ADDRESS -S1-7IP Et ADDRESS -S1-7IP	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	Change	its registered is registered DRS IN 12 Addition
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TE 208 TE 208 TE MYERS FL 3: registered agent, am femiliar with, e Signature, typed or pro- ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, PI 3487 BROADD FORT MYERS DS PAGE, RAYM 2412 KENT A FORT MYERS CD BECKETT, JO	3908 of Sections 607.0500 or both, in the State accept the oblige Ind name of registered age OFFICERS AND AND AVE FL HILLIP E, NAY FL A C VE. FL HIN T. IPARK CIRCLE, SI FL 33908 DRGE	n end Me if envi	icative. (NOTI 185 DELETE DELETE DELETE	B: B: B: B: B: B: B: B: B: B: B: B: B: B	City Ve-named cor yy the corpora os. gent signature requ  Ef ADDRESS S1-2IP Ef ADDRESS -S1-2IP Ef ADDRESS -S1-2IP Ef ADDRESS -S1-2IP	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	Change	its registered s registered DRS IN 12 Additio
SUIT FOR 11. Pursuant office or agent. Le SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TE 208 TE 208 TE WYERS FL 3: registered agent, am femiliar with, e Signature, typed or prin ADAMS, DAN 2621 CLEVEL FORT MYERS D ANDREWS, PI 3487 BROAD FORT MYERS DS PAGE, RAYM 2412 KENT A FORT MYERS CD BECKETT, JO 9800 HEALTH FORT MYERS D BEEMER, GEG	Seo8 of Sections 607.0500 or both, in the State and accept the oblige OFFICERS AND AND AVE FL HILLIP E. WAY FL A C VE. FL HIN T. IPARK CIRCLE, SI FL 33908 DRGE CIRCLE FL	n end Me if envi	ICAINO. (NIOTI IS DELETE DELETE DELETE DELETE	B: B: B: B: B: B: B: B: B: B: B: B: B: B	City Ve-named cor y the corpora os. goni signature requ  En ADDRESS S1-2IP En ADDRESS S1-2IP En ADDRESS S1-7IP	poration submits this statement for the ation's board of directors. I hereby acce	FL purpose of opt the ap	Change Change	its registered sregistered DRS IN 12 Addition Addition Addition