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 # L 50686

1. Corporation Name
Lee Estates, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 2/26/90
3a. Date of Last Report: 4/17/95

2. Principal Place of Business
21 5904 Timber Valley Dr
Suite, Apt. # etc
22
City & State
23 Lake Worth, Fl.
Zip 24 33463 | Country 25 U.S.A.

2a. Mailing Address
26 P.O. Box 6199
Suite, Apt. #, etc
27
City & State
28 Lake Worth, Fl.
Zip 29 33466 | Country 30 U.S.A.

4. FEI Number: 65-0175324 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

Sapir, M. Richard
1645 P.B. Lakes Blvd. Ste. 1200
West Palm Beach, Fl. 33401

10. Name and Address of New Registered Agent

81 Name: Rauch, Norman
82 Street Address (P.O. Box Number is Not Acceptable): 3450 S. Ocean Blvd. #522
83
84 City: Palm Beach FL 85 Zip Code 33480

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 [signature] Norman Rauch 8-1-96
Signature, typed or printed name of registered agent & title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D-P-S	[ ] DELETE	1.1 TITLE	D-P-S	[X] Change [ ] Addition
NAME	Rauch, Norman		1.2 NAME	Rauch, Norman	
STREET ADDRESS	5904 Timber Valley Dr.		1.3 STREET ADDRESS	3450 S. Ocean Blvd. #522	
CITY-ST-ZIP	~~Lake Worth, Fl. 33463~~		1.4 CITY-ST-ZIP	~~Palm Beach, Fl. 33480~~	
TITLE	T	[ ] DELETE	2.1 TITLE	T	[X] Change [ ] Addition
NAME	Rauch, Norman		2.2 NAME	Rauch, Norman	
STREET ADDRESS	5904 Timber Valley Dr.		2.3 STREET ADDRESS	3450 S. Ocean Blvd. #522	
CITY-ST-ZIP	~~Lake Worth, Fl. 33463~~		2.4 CITY-ST-ZIP	~~Palm Beach, Fl. 33480~~	
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME	400001912734 -08/05/96--01038--021 ***225.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	8-5-96 JK	

CR2E034 (3/96)

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: [signature] Norman Rauch 8-1-96 [illegible]-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR