

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

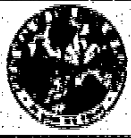
**APPROVED AND FILED**

95 APR 25 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # M25120 (0)**

1. Corporation Name  
**LEE-HELLER CORPORATION**

Principal Place of Business: **1771 S.E. FAIRFIELD STREET PORT ST. LUCIE FL 34983**

Mailing Address: **1771 S.E. FAIRFIELD STREET PORT ST. LUCIE FL 34983**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **12/26/1985**

3a. Date of Last Report: **07/06/1994**

4. FEI Number: **59-2780817**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under 6, 199, 032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**LEE, BARBARA  
1771 S.E. FAIRFIELD STREET  
PORT ST. LUCIE FL 33452**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	LEE, DAVID
STREET ADDRESS	1771 S.E. FAIRFIELD ST.
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	DVS
NAME	LEE, BARBARA
STREET ADDRESS	1771 S.E. FAIRFIELD ST.
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	T
NAME	LEE, BARBARA
STREET ADDRESS	1771 S.E. FAIRFIELD ST.
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara Lee *Barbara Lee* April 21, 1995 407-507-5285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number