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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M68933

1. Corporation Name

(4)

Mailing Address

LEE FRANCES, INC.

Principal Place of Business

FILED										
Feb 13	1997	8:00am								
Secr	etary c	of State								

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146 S NOVA RI ORMOND BEAC	d. Ste h/rivergate shoppin	IG 146 S NOVA RD. STE ORMOND BEACH FL 3	H/RIVERGATE	SH	IOPPING	Date Incorporated or Qualified	3a. Date of Last	Report
						02/19/1988	04/16/1996	лериц
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26	26		FO 003300F		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	T T	Additional	
22		27				Fee F	equired	
City & State		— ·	City & State		6. Election Campaign Financing			
Z ip	28 Country Zip Country				Trust Fund Contribution Added to Fees			
24	25	29	30	iiti y		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ✓ Yes ☐ No		
<u> </u>		Current Registered Agent				10. Name and Address of New Re		
FURI	R, DONNA J			81	Name			
409	aleatha drive			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
DAY	TONA BEACH 32114			02	Direct Ad	MICSS (I.O. BOX NOTIFICE IS NOT ACCEPTED	10)	
				83				
			-	84	City	·	85 Zip	Code
					-		FL	
office or r	registered agent, or both, in th		vas authorized	d by	the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep		
SIGNATURE	Signature, typed or printed name of regis	stone rout and the Bearleady.	(N/OTE: Pub player	1.000		quired when reinstating)	DA1E	
12.		RS AND DIRECTORS	13.	i Age	1. Signature req	ADDITIONS/CHANGES TO OFFIC		BS IN 12
TITLE	PST	DELETE		ſLE			Change	Addition
NAME	FURR, DONNA J		1.2 NA	ME				
STREET ADORESS	409 ALEATHA DRIVE		1.3 ST	REET	ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH FL		1.4 CI	TY·S	T-ZIP			
TITLE		☐ DELETE	. 2.1 TIT	ſιΕ			Change	☐ Addition
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET	ADDRESS	÷ 4		
CITY-ST-ZIP		DELETE			ST - ZIP		Change	. Addition
TITLE		L_ Utltit					Change	☐ Addition
NAME CIDELT ADDRESS			3.2 NA		ADODECC			
STREET ADDRESS CITY-ST-ZIP					ADDRESS ST - ZIP			
TITLE		DELETE			1 - <u>6</u> IF		☐ Change	Addition
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			1
CHY-ST-ZIP			4 4 CI		i			ļ
TITLE		☐ DELETE	51111	LE			☐ Change	Addition
NAME			5 2 NA	ME	ŧ			
STREET ADDRESS			5 3 ST	REET	ADDRESS			
CITY-ST-7/P			5.4 CI		r - ZIP			
TITLE		☐ DELETE					☐ Change	Addition
NAME			62 NA	ME				
STREET ADDRESS			63 ST	REET	ADDRESS			
CITY-ST-ZIP		P. J. St. M. 201	6.4 CH	TY-S	r-ZiP	1 0 1 440 07/0V 5		

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 13 if changed, or on an attachment with an address.

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904-142-4252