

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N96000004291 (8)**

1. Corporation Name

LITTLE LEE'S ACADEMY, INC.



Principal Place of Business 206 SW 13TH AVE DELRAY BEACH FL 33444	Mailing Address 206 SW 13TH AVE DELRAY BEACH FL 33444-1542
---	--

3. Date Incorporated or Qualified 08/15/1996	3a. Date of Last Report
--	-------------------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

4. FEI Number 65-0688448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" 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	

9. Name and Address of Current Registered Agent JOSEY, LENNARD 505 SUNSET RD BOYNTON BEACH FL 33435	
---	--

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
-----------	---	------

12. OFFICERS AND DIRECTORS	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME JOSEY, LENNARD	
STREET ADDRESS 505 SUNSET RD	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME LANE, EVANGHAM V	
STREET ADDRESS 505 SUNSET RD	
CITY-ST-ZIP DELRAY BEACH FL 33444	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME JOSEY, MEARLENE	
STREET ADDRESS 505 SUNSET RD	
CITY-ST-ZIP BOYNTON BEACH FL 33435	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME Josey, Lennard	
STREET ADDRESS 505 Sunset Rd	
CITY-ST-ZIP Boynton Beach FL 33435	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME Lane, Evaghian	
STREET ADDRESS 505 Sunset Rd	
CITY-ST-ZIP Boynton Bch FL 33435	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME Josey, Mearlene	
STREET ADDRESS 505 Sunset Rd	
CITY-ST-ZIP BOYNTON Bch FL 33435	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Lennard Josey	
1.3 STREET ADDRESS 505 Sunset Rd.	
1.4 CITY-ST-ZIP BOYNTON Bch., FL 33435	
2.1 TITLE DS-Lane, Evaghian	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 505 Sunset Rd.	
2.3 STREET ADDRESS Boynton Bch., FL 33435	
2.4 CITY-ST-ZIP	
3.1 TITLE DT-Josey, Mearlene	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME 505 Sunset Rd.	
3.3 STREET ADDRESS Boynton Bch., FL 33435	
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 000002217840	
5.3 STREET ADDRESS -06/20/97-01007-005	
5.4 CITY-ST-ZIP ***75.00	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

CC 6-19