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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200008706 (3)

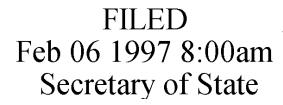
JOSEPH D. LEE, P.A.

Principal Place of Business

COMMERCE POINTE - SUITE 400
1018 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

Mailing Address

COMMERCE POINTE - SUITE 400 1818 SOUTH AUSTRALIAN AVENUE WEST PALM REACH FL 3340R487





WEST PALM BEA	CH FL 33409	WEST PALM BEACH FL	33409-6487				·	
			·			3. Date Incorporated or Qualified 12/03/1992 3a. Date of Last Report 03/12/1996		
2. Principal Plac	2a. Mailing Address	lailing Address		4. FEI Number		Αp	plied For	
21		26			65-0368005			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, e					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Ζιρ	Country	Zip	Cou	ntry	8. This corporation has liability for	intangible ta	ix under s	199.032
24	25	29	30			Yes 🗌		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	gistered Ag	<u>jent</u>	
	ioseph d			81 Name				
1250 NORTHPOINT PARKWAY				82 Street Addr	t Address (P.O. Box Number is Not Acceptable)			
WEST	PALM BEACH FL 33407							
				83				
				84 City	·		85 Zip (Code
				City		FL	65 270 (5000
11. Pursuant to	the provisions of Sections 607.0	502 and 607.1508, Florida Stat	tutes, the al	ove-named corp	poration submits this statement for the tion's board of directors. I hereby acce	purpose of c	hanging it	s registered
office or reg	estered agent, or both, in the Sta familiar with, and accept the ob-	ate of Florida. Such change wa ligations of, Section 607,0505.	s authorize Florida Stat	d by the corporat utes.	tion's board of directors. I hereby acce	ot the appoir	ntment as	registered
SIGNATURE	The state of the s	3			•			
SIGNATURE	gnature, type;) or printed name of registered	agent and tillo if applicable (N	OTE Registered	l Agent signature requir		DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND D		
	PO	DELETE	1.1 76	TLE .			Change	Addition
	LEE, JOSEPH D	•••	1.2 N/	IME L	ee, Joseph D.	_	_	
	1250 NORTHPOINT PARKW		1.3 \$1	AEET ADDRESS	RIQ South Auctoalia	n Ne.	. Su	ite 401
CITY-ST-ZIP	West Palm Beach FL 334	107	1.4 01	TY-ST-21P	sest felm beach		. 3.	1409
TiTLE		☐ DELETE	2.1 7/	'LE] Change	Addition
NAME			2.2 N/	SME				
STREET ADDRESS			2.3 \$1	REET ADDRESS				
CITY - ST - ZIP			2. 4 C	ITY-ST-ZIP		286		
TITLE		DELETE	3.1 TI	ILE			Change	Addition
NAME			3.2 N	ME				
STREET ADDRESS			3.3 \$1	REET ADORESS				
CITY-ST-ZIP			34.0	TY-ST-ZIP				
TITLE		DELETE	4.1 TI	TLE			Change	☐ Addition
NAME			4 2 N	AME				
SYREET ADDRESS			4.3 \$7	REET ADDRESS				
CITY - ST - ZIP			44 C	TY-ST-ZIP				
TOLE		☐ DELETE	51TI				Change	Addition
NAME			5.2 N	AME			-	
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-7IP				TY-ST-ZIP				
THILE	······································	DELETE	6.1 TI				Change	Addition
NAME			6.2 N			_	— · • ·	
1			•					
STREET ADDRESS				REET ADDRESS				
CITY-ST-7/2			■ 6.4 C	TY-ST-7IP				

4. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

1/27/94

(51)478-8888