

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 16 1998 8:00am
Secretary of State

DOCUMENT # P92000008706 (3)

1. Corporation Name

JOSEPH D. LEE, P.A.



Principal Place of Business

COMMERCE POINTE - SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

Mailing Address

COMMERCE POINTE - SUITE 400
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1992

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0368005

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

29

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, JOSEPH D
1250 NORTHPOINT PARKWAY
WEST PALM BEACH FL 33407

81 Name

Lee, Joseph D.

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

1818 S. Australian Avenue

83 City

Commerce Pointe - Suite 400

84 State

West Palm Beach, FL

85 Zip Code

33409

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

Joseph D. Lee - President

1/8/98

Signature, typed or printed name of registered agent and title if applicable.

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

LEE, JOSEPH D

STREET ADDRESS

1818 SOUTH AUSTRALIAN AVE., SUITE 400

CITY - ST - ZIP

WEST PALM BEACH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 Required

January 8, 1998 (561) 478-8888

CR2E034 (10/97)