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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1996	GOO WE THE	DIVISION O	F CORPORATIONS				
DOCU 1. Corporation	MENT # P	9300003	3133 (8	3)				
LEE'S	S UNIFORMS, INC.		•	•	1			
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ALBUQUERQUE NM 87112 US			8714 CANDELARIA NE ALBUQUERQUE NM 87112 US					
					3.	Date Incorporated or Qualified 05/06/1993	3a. Date of Las	
	lace of Business	2a. A	Aailing Address		4.	FEI Number	04/27/	Applied For
Suite, Apt.	3 San rea	10 NE 26	- 5A	ME		59-3183362		Not Applicable
22 A D	iquerque.		Suite, Apt. #, etc.		5.	Certificate of Status Desired		75 Additional
City & State			ity & State		6.	Election Campaign Financing	F6	e Required
23 	ID	28				Trust Fund Contribution		.00 May Be ded to Fees
24	25/30 V (alillo 29	þ	Country	8.	This corporation has liability for	ntangible tax unde	rs 199.032,
	9. Name and Address		ed Agent	30		Florida Statutes Yes Name and Address of New R		
				81 Name	<u> </u>	1 /T	egistered Agent	1 1 1 1
CLARK, FLADGER L 3317 BARROW HILL TRAIL TALLAHASSEE FL 32312 83						D. Box Number is Not Acceptable	CYINO	rnhill
						rening 6	TNE	
1740071	MOOLL IL 32312			31	· Ppi	tersona	•	
				84 City			85	Zip Code
11. Pursuant t or register	o the provisions of Sections ed agent, or both, in the St	s 607.0502 and 607.1 ate of Florida, Such et	508, Florida Statute	es, the above-named co	prporation su	bmits this statement for the pur potors. I hereby accept the appo	pose of changing it	s registered office
lattillat Wil	h, and accept the obligatio	ns of, Section 607)050	5, Florida Statutes			ectors. I hereby accept the appo	ointment as register	ed agent. I am
	Signature, typed or printed name of re	ruistered agent and title, it appli	Jyner	FROM FOR ADMINISTRATION	JULE Stuired when rem	etribosi	4/20	19/
12.		ICERS AND DIRECTO		13.		NDDITIONS/CHANGES TO OFFI	CERS AND DIRECT	IOBS IN 12
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CITY-ST-ZIP	TALLAHASSEE FL S			1.3 STREET ADDRESS				
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NAME STUTET ADDRESS				62 NAME				
STREET ADDRESS CITY-ST-ZIP				6.3 STREET ADDRESS				
14. I do hereby	certify that the information	supplied with this films	Lis voluntarily furnis	6.4 City - ST- ZiP	ly for the ave			

IGNATURE:

SIGNATURE:

SIGNATURE KND TYPEO OF BYNTED NAME OF SKNING OFFICER OR DIRECTOR

With this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further coath; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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Vines. 4/26/96 500)262-4789