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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 20 1998 8:00am Secretary of State

1. Corporation Name JOSEPH S. LEE, INC.  Principal Place of Business 3220 E. STATE RD. 200 YULEE FL 32097			Mailing Addre <b>3220 E. STAT</b> YULEE FL <b>32</b> 0	E RD. 200		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
2. Principat I	Place of Busines	s	2a. Mailing Ad	ldress		06/25/1993 4. FEI Number	I Ac	oplied For
<u> </u>		26			59-3116448	No	ot Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5, Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State				City & State		6. Election Campaign Financing \$5.00 May Be		<del></del>
3			26			Trust Fund Contribution	Added	
Zip Ti		Country	Zip		Country	8. This corporation owes or has paid the		
4	o Name an		29 urrent Registered Agent		30	Personal Property Tax due June 30.  10. Name and Address of New Registe		J No
	JLEE FL 32097				84 City		<b>FL 85</b> Zip (	Code
11, Pursuant office or agent. I a SIGNATURE	am familiar with,	and accept the c	7.0502 and 607.1508, Flor State of Florida Such chi obligations of, Section 60 ed agent and tello!! applicable	)7.0505, Flori	ida Statutes.	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	se of changing it appointment as	ls registered registered
agent. I a SIGNATURE	am familiar with,	and accept the c	obligations of, Section 60	)7.0505, Flori	s, the above-named control thorized by the corporated Statutes.  Hegistered Agent signature required 13.	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the	se of changing it appointment as TE AND DIRECTOR	
agent. I a SIGNATURE I <b>12.</b> STLF	am familiar with, Signature typed or p	and accept the control of registers OFFICERS	obligations of, Soction 60 ed agent and title if applicable S AND DIRECTORS	)7.0505, Flori	Fingistered Agent signature required 13.	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as	
agont. I a SIGNATURE 12. SILF	Signature typed or p  DVST  LEE, JOSE	and accept the control of the contro	obligations of, Soction 60 ed agent and title if applicable S AND DIRECTORS	07.0505, Flori	ida Statutes.  Ringistered Agent signature requ  13. 1.1 TITLE  1.2 NAME	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as TE AND DIRECTOR	RS IN 12
agont. I s SIGNATURE  12. SILF  MAME STREET ADDRESS	Signature typed or p  DVST LEE, JOSE 3220 E. S1	and accept the control of registers OFFICERS	obligations of, Soction 60 ed agent and title if applicable S AND DIRECTORS	07.0505, Flori	Fingistered Apent signature requ  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as TE AND DIRECTOR	RS IN 12
Agont. I ago	Signature typed or p  DVST  LEE, JOSE	and accept the control of the contro	obligations of, Section 60 ed agent and title if applicable S AND DIRECTORS	07.0505, Flori	ida Statutes.  Ringistered Agent signature requ  13. 1.1 TITLE  1.2 NAME	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as TE AND DIRECTOR	RS IN 12
agont, I s SIGNATURE  12. SILF SILF SIRET ADDRESS SITY-SI-ZIP SILE	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE	OFFICERS  PH S SR  FATE RD. 200  PH S JR	obligations of, Section 60 ed agent and title if applicable S AND DIRECTORS	O7.0505, Flori (NOTE: DELETE	ida Statutes.  Ringistered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST-ZIP	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as	RS IN 12
agont. I a SIGNATURE  2. SILE SIME SIRET ADDRESS SITY-ST-ZIP SITE SIME	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200	obligations of, Section 60 ed agent and title if applicable S AND DIRECTORS	O7.0505, Flori (NOTE: DELETE	ida Statutes.  Fingistered Apent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 DITY-ST-ZIP  2.1 TITLE	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as	RS IN 12 Addition
agont. I a signature  2.  Silf  Silf	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE	OFFICERS  PH S SR  FATE RD. 200  PH S JR	obligations of, Section 60 ed agent and tele if applicable S AND DIRECTORS	OELETE  DELETE	Ida Statutes.  Fingisiered Apent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 DIFY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR  Change	RS IN 12 Addition
agont. I a signature  2. sitle same street address sity-st-zip site same same street address sity-st-zip site same street address	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	obligations of, Section 60 ed agent and tele if applicable S AND DIRECTORS	O7.0505, Flori (NOTE: DELETE	Ida Statutes.  Fingisiered Agent signature requ  13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as	RS IN 12 Addition
agont. I a signature  12. street address city-st-zip itle same street address city-st-zip itle street address city-st-zip itle same	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	obligations of, Section 60 ed agent and tele if applicable S AND DIRECTORS	OELETE  DELETE	Ida Statutes.  Fingisiered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR  Change	RS IN 12 Additio
agont. I a signature  2.  Jilf  AME  TREET ADDRESS  ITY-SI-ZIP  TILE  AME  TREET ADDRESS  ITY-SI-ZIP  TILE  AME  TREET ADDRESS  TY-SI-ZIP  TILE  AME  TREET ADDRESS  TY-SI-ZIP  TILE  AME	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	obligations of, Section 60 ed agent and tele if applicable S AND DIRECTORS	OELETE  DELETE	Ida Statutes.  Fingisiered Agent signature requ  13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR  Change	RS IN 12 Addition
agont. I a signature  2. sitle hame sithest address hity-st-zip hame hame hame hame hame hame hame hame	Signature byted or i  DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	OELETE  DELETE	Ida Statutes.  Fingisiered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR  Change	RS IN 12 Addition Addition Addition Addition
agont. I a SIGNATURE  12. STILF STATE ADDRESS STITY-SI-ZIP	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Fingisiered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition Addition
agont. I a signature  2. sitle  MAME  STREET ADDRESS  SITY-SI-ZIP	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Registered Agent signature required and a statutes.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition
agont. I a signature  2. signature  ineet address ity-st-zip  iteet address ity-st-zip  ite  ame  treet address ity-st-zip  ite  ame	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Fingisiered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition Addition Addition
agont. I a SIGNATURE  2. SILE SITE SITE SITE SITE SITE SITE SITE SIT	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Registered Agent signature required agent signature required agent signature required agent signature required agent	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition Addition
agont. I a signature  2. site same site taddress sity - S1 - Zip site same sity - S1 - Zip site same sity - S1 - Zip site same site taddress sity - S1 - Zip site same site taddress sity - S1 - Zip site same same same same same same same sam	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Registered Agent signature required agent signature required agent signature required agent signature required agent	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition Addition Addition
agont. I a signature  2. site same street address sity-st-zip site same street address stry-st-zip site same street address stry-st-zip site same street address	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agrint and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Registered Agent signature required agent signature required agent signature required agent signature required agent	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition Addition Addition
agont. I a SIGNATURE  12.  SITLE  SIT	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agent and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	Ida Statutes.  Ringisiored Agent signalure required.  13. 1.1 IIILE 12 NAME 13 STREET ADDRESS 14 DITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR  Change  Change	RS IN 12 Addition Addition Addition Addition Addition
agont. I a SIGNATURE  12. SITLE  AAME STREET ADDRESS SITY-ST-ZIP  ITLE  IAME STREET ADDRESS SITY-ST-ZIP  ITLE	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agent and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE	Ida Statutes.  Ringisiored Agent signalure required.  13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 DIFY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR Change  Change	RS IN 12 Addition Addition Addition Addition Addition
agent. I a	Signature byted or i DVST LEE, JOSE 3220 E. ST YULEE FL DP LEE, JOSE 3220 E. ST	OFFICERS  PH S SR  FATE RD. 200  PH S JR	ed agent and title if applicable S AND DIRECTORS	DELETE  DELETE  DELETE  DELETE	Ida Statutes.  Ringisiored Agent signalure required.  13. 1.1 IIILE 12 NAME 13 STREET ADDRESS 14 DITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 44 CITY-ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	rporation submits this statement for the purpo- ation's board of directors. I hereby accept the uired when reinstating)	se of changing it appointment as  TE  AND DIRECTOR  Change  Change	RS IN 12

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 op an attachment with an address.

-26-98-904-321-0654