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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000078372 (8)

FILED
May 13 1997 8:00am
Secretary of State

1. Corporation Name LEE ROAD INVESTORS, INC. Principal Place of Business Mailing Address 1600 LEE RD WINTER PARK FL 32789 WINTER PARK FL 32789-2208										
WINTEH PARK	FL 32769	WINTER PARK FL	32/69-22/6			3. Date incorporated or Qualified 11/10/1993	1	te of Last R	eport	
2. Principal F	Place of Business	2a. Mailing Addres	S\$			4. FEI Number	W/Y		oplied For	
1		26				59-3209205		No	t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, 6	etc.			5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired	
City & Stat	te	City & State				6. Election Campaign Financing	<u></u>	\$5.00		
<u>3</u> Z⊕	Country	28	C	Country		Trust Fund Contribution 8. This corporation has liability for	Intangible		to Fees 199.032.	
4	25	29	30	····		Florida Statutes	Yes [] No		
	9. Name and Address of Cu	rrent Registered Agent		61	Name	10. Name and Address of New Re	egistered A	gent		
BELL, PERCY 1600 LEE RD WINTER PARK FL 32789				83	Street Addre	ddress (P.O. Box Number is Not Acceptable)			Cords	
agent La	am familiar with, and accept the o	bliggtone of Costion 607 A								
SIGNATURE	Signature typical or printed name of registera	id agent and title if applicable	(NOTE: Regis	lered Agent :		oration submits this statement for the pon's board of directors. I hereby acce	DATE			
SIGNATURE	Signature sylection printed hanc of registere OFFICERS		(NOTE: Peg s	lered Agent :			DATE		RS IN 12	
SIGNATURE 12.	Signature typical or printed name of registera	od agent and title if applicable AND DIRECTORS	(NOTE: Reg si	lered Agent :		d when reinstating)	DATE	DIRECTOR	RS IN 12	
SIGNATURE 112. TITLE NAME	Signate type of purified frame of registers OFFICERS D BELL, PERCY 1800 LEE RD	od agent and title if applicable AND DIRECTORS	(NOTE: Reg si	lered Agent : 3. 1 TrILF	signature required	d when reinstating)	DATE	DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CDY- ST-ZIF	Signate typed or puriled hance of registers OFFICERS D BELL, PERCY	od agent and bile if applicable AND DIRECTORS DEL	(NOTE: Registration 1 1 1 1 1 1 1 1 1	Ilered Agent (3. 1 TITLE 2 NAME 3 STREET AD 4 CITY-ST-	signature required	d when reinstating)	DATE	DIRECTOR	RS IN 12	
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1. 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 suppliemental 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 contract of 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 changing on an attachment with an address.

SIGNATURE:

E AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Purcy BELL

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407-645-0858