## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996		Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 1. Corporation Name NIC-LEE, INC.	P93000082	2362 (3)			
Principal Place of Business	Mailir	ng Address			
11878 BANYAN ST. PALM BEACH GARDENS FL 3349	-	11878 BANYAN ST. PALM BEACH GARDENS FL 33410			
11878 BANYAN ST.	118				



Principal Place	of Punions		Nine Address				<u> </u>	INDOO INAA BAARA INDI AFRI
·			ailing Address					
11878 BANYA PALM BEACH	in St. I Gardens fl 33410		i 1878 banyan St. Palm Beach Garden	IS FL 33410	0			
							• • • • • • • • • • • • • • • • • • •	f Last Report 20/1995
<b>├</b> ── '	ace of Business	2a.	Mailing Address				4. FEI Number	Applied For
21		26	26				65-0452058	Not Applicable
Suite, Apt. a		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		$\vdash$	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28	<u></u>				Trust Fund Contribution	Added to Fees
Zip	Country	<u> </u>	Zip Country		ntry		8. This corporation has liability for intangible tax	under s. 199.032,
24	25	[29]		30			Florida Statutes Yes No	
<del> </del>	9. Name and Address of Curre	nt negis	tered Agent		81	Name	10. Name and Address of New Registered Ag	ent
	71 D. C.				01	Name		
	EUX, CARA			İ	82	Street Add	dress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
	ANYAN ST.							
Palm bi	EACH GARDENS FL 33410				83			
					84	City	FL	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 60	7.1508, Florida Statute	es, the abo	ve-n	anned corpo	pration submits this statement for the nurseen of chan-	ing its registered office
or registere familiar wit	ed agent, or both, in the State of Flo b. and accept the obligations of Ser	rida. Such	change was authorize	ed by the c	orpo	oration's boa	and of directors. I hereby accept the appointment as re	gistered agent. I am
SIGNATURE _	- arr Wald		CAH //				4/17/0	10
SIGNATURE .	Signature, typed or printed name of registrated age	and the i	pplicable. (NO	TE Registered	Agent	signature requir	ed when reinstating) DAX	<i>y</i>
12.	OFFICERS A	VD DIREC	TORS	13.		-	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	D		DELETE	1, 1 (1	1LE			Change [ ] Addition
NAME	MOLYNEUX, MICHIEL			1.2 NA	ME			
STREET ADDRESS	11878 BANYAN ST.			1.3 ST	REET.	ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS FL	33410		1.4 CI	[Y-S]	r-ZIP		
THILE	D DELETE 2 1		2 1 TI	ΊLΕ			Change	
NAME	MOLYNEUX, CARA			2 2 NA	ME			
STREET ADDRESS	11878 BANYAN ST.			23 ST	REET	ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	33410		2.4 CH	ry-st	I-ZIP		
TITLE			DELETE	3. 1 TI	TLE			Change
NAME				3.2 NA	ME	1		
STREET ADDRESS				3.3 ST	TREET	ADDRESS		
CITY-ST-ZIP				3.4 C/I	1Y-ST	- 7IP		
TITLE			DELETE	4. 1 70	TLE.			Change
NAME				4.2 NA	ME			
STREET ADDRESS				4.3 \$1	REET	ADDRESS		
CITY-ST-7IP				4.4 C(T	IY-ST	- ZIP		
TITLE		_	☐ DELETE	5. 1 11	ILE			Change Addition
NAME				5.2 NA	ME	Ţ		
STREET ADDRESS				5.3 ST	REET	ADDRESS		
CITY - ST - ZIP				5.4 CIT	TY - \$T	- ZIP		
TIFLE			☐ DÉLETE	6 1 7 (1	1LE			Change Addition
NAME	•			6.2 NA	ME			
STREET ADDRESS				6.3 STF	REET	ADDRESS		
CITY - ST- ZIP				6.4 CIT	Y-S1	- 21P		
14. I do hereby	certify that the information supplied	with this	filing is voluntarily furn				for the exemption stated in Section 119.07(3)(k), Florid	a Statutes. I further

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 if changed or an attachment with an address.

SIGNATURE:

LATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-694-22K

CR2E034 (12/95)