


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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000045575 (5)  
1. Corporation Name  
LEE SQUARED, INC.

Principal Place of Business  
1001 HUNTER CREEK DR.  
PUNTA GORDA FL 33982  
US

Mailing Address  
P.O. BOX 1143  
PUNTA GORDA FL 33951  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0498780	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent MACRIS, STEVEN W 609 SOUTH TAMiami TRAIL VENICE FL 34285		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MCMASTER, PEGGY S.	1.2 NAME	Schuler, Cole C.
STREET ADDRESS	1001 HUNTERS CREEK DRIVE	1.3 STREET ADDRESS	4206 Wesley Lane
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	D	2.1 TITLE	D
NAME	MCMASTER, JEFFERY T	2.2 NAME	Murray, Tricia S.
STREET ADDRESS	1001 HUNTER'S CREEK DRIVE	2.3 STREET ADDRESS	5497 Lady Slipper Ave.
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	North Port, FL 34286
TITLE	D	3.1 TITLE	D
NAME	ANDREU, KENNY	3.2 NAME	McMaster, Kenneth E.
STREET ADDRESS	27085 NORTH JONES LOOP RD.	3.3 STREET ADDRESS	20163 Marion Ave. Lot 9
CITY-ST-ZIP	PUNTA GORDA FL 33982	3.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	D	4.1 TITLE	
NAME	THOMAS, VIRGINIA L	4.2 NAME	
STREET ADDRESS	3117 IDLEWOOD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	KING, NICHOLAS J JR.	5.2 NAME	
STREET ADDRESS	3361 PELLAM BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Tricia S. Murray (Tricia S. Murray) 4-30-98 941-575-1115

CR2E034 (10/97)