

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90023 004 ***150.00

DOCUMENT # P94000045575

1. Corporation Name
LEE SQUARED, INC.



Principal Place of Business
1691 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

21 10381 Tamiami Tr.

2a. Mailing Address

26 10381 Tamiami Tr.

Suite, Apt. #, etc.

22 Unit 8

Suite, Apt. #, etc.

27 Unit 8

City & State

23 Punta Gorda, FL

City & State

28 Punta Gorda FL

Zip

24 33950

Country

25 Charlotte

Zip

29 33950

Country

30 Charlotte

9. Name and Address of Current Registered Agent

MACRIS, STEVEN W
609 SOUTH TAMiami TRAIL
VENICE FL 34285

81 Name

Stephan B. Widmeyer

82 Street Address (P.O. Box Number is Not Acceptable)

3871-A Tamiami Trail

83

84 City

Port Charlotte

FL

85 Zip Code
33952

10. Name and Address of New Registered Agent

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature req. when reinstating)

DATE

2-9-99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MCMaster, PEGGY S.
1691 HUNTERS CREEK DRIVE
PUNTA GORDA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MCMaster, JEFFERY T
1691 HUNTER'S CREEK DRIVE
PUNTA GORDA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SCHULER, COLE C
4206 WESLEY LN
NORTHPORT FL 34287

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D THOMAS, VIRGINIA L
3117 IDLEWOOD ST.
NORTH PORT FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MURRAY, TRICIA S
5497 LADY SLIPPER AV
NORTHPORT FL 34286

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MCMaster, KENNETH E
25163 MARION AVENUE LOT 9
PUNTA GORDA FL 33950

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director

1.2 NAME

Ronald D. Murray

1.3 STREET ADDRESS

5497 Lady Slipper Ave.

1.4 CITY-ST-ZIP

North Port, FL 34286

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

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

CR2E034 (1/98)