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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State DIVISION OF CORPORATIONS

1996

MAZZ	MENT # P940 Name LIE L. LEWIS, INC.						
rincipal Place	of Business	Mailing Address		I 100/103f III 104ff #10f4 #0!II	<b>                                    </b>		OTTO TO SEE THE TOTAL
1029 BLUEHILL DR. NORTH JACKSONVILLE FL 32218		1029 BLUEHILI NORTH JACKS	L DR. SONVILLE FL 32218				
				3. Date Incorporated or Qualified 10/31/1994		of Last R	
. Principal Pla	ce of Business	2a. Mailing Address	3	4. FEI Number 59 - 329			Applied For
		26		- Charles	• • • •		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, et	o.	5. Certificate of Status Desired			Additional
City & State		City & State		6. Election Campaign Financing			Required
.,		28		Trust Fund Contribution		,	O May Be d to Fees
Zip	Country 25	21p	Country 30	8. This corporation has liability for Florida Statutes	or intangible ta		
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New	Registered /	Agent	
			81 Name				
	, mazzie l		82 Street Ad	ddress (P.O. Box Number is Not Accepta	able)		
	BLUEHILL DR.		83				
NORTH	H JACKSONVILLE FL 32218		83				
			84 City			85 Zij	o Code
<ul> <li>or registere</li> </ul>	o agent, or both, in the State of Flori	ida. Such change was aut	statutes, the above-named corporation's bo	poration submits this statement for the ploand of directors. Thereby accept the ap	FL purpose of cha pointment as	nging its r registered	egistered offici agerit. I am
or registere familiar with GNATURE	id agent, or both, in the State of Florin, and accept the obligations of Sectionary	ida Such chango was aut thon 607.0505, Florida Sta	tatutes, the above named corplanated by the corporation's begunes.  (b) The Heyelical Agent square many	oand of directors. Thereby ancient the ap	curpose of cha appointment as	registered	agent. I am
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