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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000072297 (1)

DOCUMENT #

LEE'S OF ST. ARMANDS, INC.

Principal Place of Business 25 N. BLVD. OF THE PRESIDENTS Mailing Address

25 N. BLVD. OF THE PRESIDENTS



SARASOTA F	L 34236	SARASOTA FL 34236				•					
							3. Date Incor 09/19/	porated or Qualified /1995	3a. Date of	ast Report	
2. Principal Pla	Ce of Business	THE BELLERA	2a. Mailing Address 26 27 N. B	:ss LVI). <i>o</i> f ti	ix Pa	ESIDENTS	4. FLI Number 59	-333 <i>57</i>	11	Applied Fo	
Suite Apt. #		The Incompose	Suite, Apt. #,		Y .!!		1	<u>-</u>	\$	8.75 Additiona	
22		27				5. Certificate	of Status Desired		Fee Required	a	
City & State		City & State	City & State			6. Election Ca	ampaign Financing		\$5.00 May Be		
23			28				Trust Fund	d Contribution		Added to Fees	
Zip		Country	Zip		Country		8. This corpo	ration has liability for	intang ble tax ur	ider s 199.032,	
24	25		29	30			Florida Sta		□ No		
	9. Name and	Address of Current	Registered Agent				10. Name and	d Address of New F	legistered Age	<u>nt</u>	
					81	Name					
KRAFCHIK, WILLIAM S 25 N. BLVD. OF THE PRESIDENTS					82	Street Address IP.O. Box Number is Not Accountable)					
		RESIDENTS			83	27 N.	BLYD. OF	THE PILE	JIDENTU		
SAHASU	TA FL 34236				03						
					84	City			FL 8	5 Zip Code	
11. Pursuant to	o the provisions of	Sections 607.0502	and 607.1508, Florida	Statutes, the	above i	l named corpora	ation submits this	statement for the pur	pose of changir	ng its registered /	office
or registere	ed agent, or both,	in the State of Florida	a. Such change was a on 607.0505, Florida S	authorized by t	he corp	oration's boar	d of d-rectors. The	ereby accept the app	ointment as reg	stered ägent. La	เกา
SIGNATURE	one of the	ouiganono or, crom									
	Signature, typica or printe	o name of registers flagenta	ortho Cappillades	(NOTE Reg.	rered Age	r signar ne recorded	l where many along		[IAT _t		
12.		OFFICERS AND			13.			S/CHANGES TO OFF		, , , , , , , , , , , , , , , , , , , 	
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NAME	KRAFCHIK,			.	2 NAME		-		0 .		
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14. 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 or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 or Block 13 or on an article import with an address

SIGNATURE: