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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra D. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072297 (1)

LEE'S OF ST. ARMANDS, INC.

FILED Apr 09 1998 8:00am Secretary of State

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						IBIB JERIA IKRIB ERIIA IRRI ERRI	
Principal Place of Business Mailing Address						INTER CHAIN INDIA INTER THE LAND	
27 N. BLVD.	27 N. BLVD. OF THE PRE	SIDENTS					
SARASOTA FL 34236 US		SARASOTA FL 34236			DO NOT WRITE IN THIS	PRACE	
US		US			3. Date Incorporated or Qualified	SPACE	
					09/19/1995		
2. Principal P	Place of Business	2a. Mailing Address	····		4. FEI Number	Applied For	
21		26			59-3335711	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		• • •		\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the co		
24	25		10		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	J Agent	
	Vafchik, William S.		81	Name			
27 N. BLVD. OF THE PRESIDENTS			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236							
			83				
			84	City	FI	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutos	the above	named co			
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	200					
12.	OFFICERS AND		13.	i signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		ADDITIONO/OTANIOLO TO OTT IOENO AN	Change Addition	
NAME	KRAFCHIK, WILLIAM S		1.2 NAME				
STREET ADDRESS	27 N. BLVD OF THE PRESIDE	NTS	1.3 STREET A	DORESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST				
TITLE	DS	DELETE	2.1 TITLE			Change Addition	
NAME	CARMELENE A GUILIANO		2.2 NAME		* ,		
STREET ADDRESS	1600 PALMETTO LANE		23 STREET A	DORESS			
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-S1	-ZIP			
TITLE	DV	DELETE	3.1 TITLE			Change Addition	
NAME	Margherita G. Wichowski		3.2 NAME				
STREET ADDRESS	2 DEEPWOOD ROAD		3.3 STREET A	DDRESS .	13 MORGAN PLACE INIONVILLE, CT 06085		
CITY-ST-ZIP	FARMINGTON CT		3.4. CITY - ST	-ZIP L	INIONVILLE, CT 06088	_	
TITLE	DT	DELETE	4.1 TITLE			Change Addition	
NAME	CHARLES P. VARCIA, JR.		4. 2 NAME				
STREET ADDRESS	43 SUMMERFIELD DRIVE		4.3 STREET A	DDRESS			
CITY-ST-ZIP	WETHERFIELD CT		4.4 CITY - ST	- ZHP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST	ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			
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.

CICNATUDE:

1/3/98

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