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PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 03 1997 8:00am

Secretary of State

(96/6)

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085055 (8)

LEE RAND ASSOCIATES, INC.

Principal Place of Business Mailing Address 835-1 IVES DAIRY ROAD 335-1 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179-3343 3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1995 05/01/1996 2. Principal Place of Business 4. FEI Number 65.
APPLIED FOR 2a. Mailing Address **Applied For** 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & Stato City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 Florida Statutes Yes No 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BARNETT, DAVID C ESQ. 2550 EISENHOWER BLVD., SUITE 322 82 Street Address (P.O. Box Number is Not Acceptable) PORT EVERGLADES FL 33316 63 84 City 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 registers diagent and the if applicable (NOTE: Bog stored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change 11 100 SEILER, LINDA NAME 1.2 NAME 335-1 IVES DAIRY ROAD STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP 1.4 C(TY - ST - Z(P DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CUTY-ST-ZIP 2 4 CiTY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-\$1-ZIP DELETE TITLE 4.1 TITLE ☐ Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE Change Addition 5.1 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change ☐ Addition TITI F 6.1 70LE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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.