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Secretary of State

03-02-1999 90014 010 ***150.00



PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P95000085055

1. Corporation Name
LEE RAND ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|--|
| Principal Place of Business | | Mailing Address | |
| 335-1 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179 | | 335-1 IVES DAIRY ROAD NORTH MIAMI BEACH FL 33179 | |
| 21 Principal Place of Business 5030 Coach House Circle BOCA RATON, FL 33480 | | 22 Mailing Address SAME | |
| 22 Suite, Apt. #, etc. BOCA RATON | | 27 Suite, Apt. #, etc. | |
| 23 City & State FL | | 28 City & State | |
| 24 Zip 33480 | | 30 Country | |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 11/06/1995 | |
| 4. FEI Number 65-0655308 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BARNETT, DAVID C ESQ. 2550 EISENHOWER BLVD., SUITE 322 PORT EVERGLADES FL 33316 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | D | TITLE | |
| NAME | SEILER, LINDA | 1.1 NAME | 5030 Coach House Circle E BOCA RATON, FL 33480 |
| STREET ADDRESS | 335-1 IVES DAIRY ROAD | 1.2 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | 1.3 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE: *Linda Seiler* DATE: 1/22/99 DAYTIME PHONE #: 561-391-9392

CR2E034 (1/198)