

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000026303 (3)

1. Corporation Name
INTERIORS BY LEE, INC.



Principal Place of Business
5260 W BRONSON HIGHWAY SUITE 118
KISSIMMEE FL 34746

Mailing Address
5260 W BRONSON HIGHWAY SUITE 118
KISSIMMEE FL 34746-5349

3. Date Incorporated or Qualified 03/20/1996	3a. Date of Last Report
4. FEI Number 59-3369187	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9230 W. BRONSON HWY Suite, Apt. #, etc.	2a. Mailing Address 26 9816 CAMBERLY CIRCLE Suite, Apt. #, etc.
22 City & State 23 CLERMONT, FL	27 City & State 28 ORLANDO, FL 32836
24 Zip 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent CHRISTNER, LEAH A 5260 W BRONSON HIGHWAY SUITE 118 KISSIMMEE FL 34746	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 9230 W. BRONSON HWY 84 City CLERMONT FL 85 Zip Code 34711
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTNER, LEAH A		1.2 NAME	
STREET ADDRESS 5260 W BRONSON HIGHWAY SUITE 118		1.3 STREET ADDRESS	9230 W. BRONSON HWY
CITY-ST-ZIP KISSIMMEE FL 34746		1.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE PVST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHRISTNER, LEAH A		2.2 NAME	
STREET ADDRESS 5260 W BRONSON HIGHWAY SUITE 118		2.3 STREET ADDRESS	9230 W. BRONSON HWY
CITY-ST-ZIP KISSIMMEE FL 34746		2.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: (X) CHRISTNER (X) 4-24-97 941-424-8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)