

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

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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90043 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000052610

1. Corporation Name
PROPERTIES BY LENE'S, INC.



Principal Place of Business	Mailing Address
1406 42ND ST. W. PALM BEACH FL 33407	1406 42ND ST. W. PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1462 40th St.	06/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0723864	
22. City & State		27. City & State		5. Certificate of Status Desired	
23. West Palm Beach, FL		28. West Palm Beach, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing	
25. Country		30. Country		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
33407		Palm Beach		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			
MORGAN-BULLARD, YVETTE 1406 42ND ST. W. PALM BEACH FL 33407				81. Name Morgan-Bullard, Yvette			
				82. Street Address (P.O. Box Number is Not Acceptable) 1462 40th St.			
				83.			
				84. City West Palm Beach FL			
				85. Zip Code 33407			

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BULLARD, YVETTE MORGAN		1.2 NAME	Yvette Morgan-Bullard			
STREET ADDRESS	1406 42 ST		1.3 STREET ADDRESS	1462 40th St.			
CITY-ST-ZIP	WEST PALM BCH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33407			
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
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 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: *Yvette M. Bullard* 2/17/99 561-844-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)