

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
 AND  
 FILED

①

1997 AUG 11 PM 3:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000069260 (3)  
 1. Corporation Name  
 ALBERT LEE, P.A.

Principal Place of Business: 2810 E. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33306  
 Mailing Address: 2810 E. OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1996  
 3a. Date of Last Report

4. FEI Number: 65-0692913  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
 LEE, ALBERT  
 2810 E. OAKLAND PARK BLVD.  
 SUITE 200  
 FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                               |  |
|---------------------|-------------------------------|--|
| 1.1 TITLE           | President                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | ALBERT LEE                    |  |
| 1.3 STREET ADDRESS  | 2810 E OAKLAND PK. Blvd. #200 |  |
| 1.4 CITY - ST - ZIP | FT LAUD. FL 33306             |  |
| 2.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                               |  |
| 2.3 STREET ADDRESS  |                               |  |
| 2.4 CITY - ST - ZIP |                               |  |
| 3.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                               |  |
| 3.3 STREET ADDRESS  |                               |  |
| 3.4 CITY - ST - ZIP |                               |  |
| 4.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | 200002264972--5               |  |
| 4.3 STREET ADDRESS  | -08/12/97-01080--008          |  |
| 4.4 CITY - ST - ZIP | ****165.00 ****165.00         |  |
| 5.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                               |  |
| 5.3 STREET ADDRESS  |                               |  |
| 5.4 CITY - ST - ZIP |                               |  |
| 6.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                               |  |
| 6.3 STREET ADDRESS  |                               |  |
| 6.4 CITY - ST - ZIP |                               |  |

198  
8/11/97

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.

CR2E034 (4/97)

(2)

July 22, 1997


Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

re: Albert Lee, P.A.  
P96000069260

To Whom it may concern:

Please be advised that I never received any notice for any filing fees which are required by the State of Florida. This corporation is brand new this year, but was previously under the name of "SHEBA CORPORATION". The name was changed to Albert Lee, P.A. when I was told by the Florida Real Estate Commission (FREC) that Sheba Corp. was not a permitted name for a real estate broker.

I am enclosing a check for \$165.00. Please notify me if there is a problem.

Sincerely,  
  
Albert Lee 954-396-5912 office