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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000014144

1. Corporati	on Name -LEE GREEN, P.A.								
Principal Pla	ce of Business	Mailing Address							
4400 NORTH SUITE 210 BOCA RATON	FEDERAL HIGHWAY	4400 North Federal Highway Suite 210 Boca Raton Fl 33431				DO NOT WRITE IN THIS SPACE			
OCCA RATOR		000.1	•			3. Date Incorporated or Qualifed 02/13/1997			
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21		26				65-0726815			Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	⊢ ''''			5. Certifcate of Status Desired			75 Additional e.Required
City & State		City & State				6. Election Campaign Financing		\$5	.00 May Be
23		28				Trust Fund Contribution		Ad	ded to Fees
Zip	Country	Zip	Cour	ntry		This corporation owes the curr Personal Property Tax.	ent year In	tangible	□No
24			[30]			10. Name and Address of New I	Registered	Agent	
9. Name and Address of Current Registered Agent GREEN, CAROL-LEE ESG				81	Name Street Address	ss (P.O. Box Number is Not Accept			
440	00 North Federal Highwa'	Y		82	Street Addres	ss (P.O. Box Number is Not Accept	abie)		
1	ITE 210			83					
BO	ICA RATON FL 33431		; ;	84	City		F١	85	Zip Code
l office or	nt to the provisions of Sections 607 r registered agent, or both, in the Si am familiar with, and accept the ob	late of Florida. Such change wa	as authorized	DV 1	the corporation	ration submits this statement for the 's board of directors. I hereby acce	purpose o ot the appo	f changir intment	ng its registered as registered
SIGNATURI	E						DATE		
	Signature, typed or printed name of registered	2 -g		Agent	signature required v			ND DIDE	CTOBE IN 12
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OF	FICERS A	אט טואנ	UTUKS IN 12

ORS IN 12 Change ☐ Addition PVST ☐ DELETE 1.1 TITLE TITLE GREEN, CAROL-LEE ESQ. 1.2 NAME NAME 4400 N FEDERAL HWY, STE 210 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 2.1 TITLE GREEN, CAROL-LEE ESQ 2.2 NAME NAME 4400 N FEDERAL HWY, STE 210 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 2, 4 CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 T!TLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE TITLE 6.2 NAME

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 c

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

CR2E034 (11/98)