

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

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90022 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999 

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

DOCUMENT # **097000030877**  
 1. Corporation Name  
**Lees & Associates of Chicago, Inc.**

Principal Place of Business Mailing Address  
**2852 Chelsea Pl. So**  
**Clearwater, FL 33759**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 **2852 Chelsea Pl**  
 22 City & State 27 Suite, Apt. #, etc.  
 23 City & State 28 **Clearwater, FL**  
 24 Zip Country 29 **33759** 30 **USA**

3. Date Incorporated or Qualified  
 4. FEI Number **59-3436567** 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**Judith Kugler**  
**2852 Chelsea Pl So**  
**Clearwater, FL 33759**

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 **SAME** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <b>PTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME <b>Judith Kugler</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>2852 Chelsea Pl So</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Clearwater, FL 33759</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>✓</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME <b>Ben Kugler</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>2852 Chelsea Pl So</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Clearwater, FL 33759</b>	
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: **Ben Kugler** 6/12/99 927 797 4200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)