FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTAYE: \$750). Aug 17 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT P97000088058 (7) LEE CO FUNDING, INC. Principal Place of Business Mailing Address 5260-607 SOUTH LANDINGS DRIVE 5260-607 SOUTH LANDINGS DRIVE FT MYERS FL 33919 FT MYERS FL 33919 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 3049 Cleveland Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Suite Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation *** has paid the current year Intangible Personal Property Tax due June 30. Yes No Country USA Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE CORAL GABLES FL 33134 84 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 agreet the obligations of, section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) (2/38)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE CR2E034 NAME LEACH, CARL H 1.2 NAME STREET ADDRESS 5260-607 SOUTH LANDINGS DRIVE 1.3 STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME LEACH, ELISA A 22 NAME 5260-607 SOUTH LANDINGS DRIVE 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF FT MYERS FL 33919 2.4 CITY-ST-ZIP 3.1 TITUE TITLE DELETE HATFIELD, DONALD B 3.2 NAME NAME 3049 Cleveland Ave, Suite 249 Fort Myens, 14. 33901 5260-607 SOUTH LANDINGS DRIVE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF FT MYERS FL 33919 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE ___ Addition NAME 6.2 NAME **-08/18/98--01028--033** STREET ADDRESS 6.3 STREET ADDRESS ***150.00 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.

SIGNATURE:



Lee Co Funding, Inc.

July 11, 1998

DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS PO BOX 1500 TALLAHASSEE, FL 32302-1500

RE: 1998 PROFIT CORPORATION ANNUAL REPORT

Dear Sirs:

The attached 1998 Profit Corporation Annual Report packet (Second Notice) was received this week. Since we had no record of receiving the first notice, we called Tallahassee and were advised to send the \$150,00 annual fee along with this letter of explanation.

We have completed the address change section of the form and hope that problems with future mailings reaching us will be alleviated.

Please advise if any further information is needed. Thank you for your understanding in this matter.

Sincerely,

Donald Hatfield, Secretary/Treasurer

LEE CO FUNDING, INC.

DH:sjh

Attachment