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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108981 (6)

LAW OFFICES OF WILLIAM L. LEE, JR., P.A.

	ce of Business	Mailing Address					
1827 BULEVAR MENOR PENSACOLA FL 32561		1627 BULEVAR MENOR PENSACOLA FL 32561			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 12/30/1997	
21	Place of Business	2a. Mailing Address 26				4. FEI Number Applied For Not Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi	1
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	25 29			Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	it Registered Agent		81		10. Name and Address of New Registered Agent	
LEE, WILLIAM L JR 1627 B ULEVAR MENOR				82	Name Street Ad	Address (P.O. Box Number is Not Acceptable)	
PE			83	<u> </u>		_	
				84	City	FL 85 Zip Code	
11. Pursuant office or a agent. I a	to the provisions of Sections 607.050 registered agont, or both, in the State am familiar with, and accept the oblig-	2 and 607-1508, Florida Stati of Florida. Such change was alions of, Section 607.0506, F	utes, the authoriz forida St	above ed by atutes	e-named or the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as registere	ed d
SIGNATURE	Signature, typed or printed name of registerial age	ent and little if applicable (NC	TE Registe	red Age	nl signature re	required when reinstaling) DATE	_
12.	OFFICERS AND DIRECTORS		13	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D	DELETE	1.1	1.1 TITLE		Change Addi	tion
NAME	LEE, WILLIAM L JR		1.2	1.2 NAME			
STREET ADDRESS	1627 BULEVAR MENOR		1.3	STREET	ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32561		1.4 City-		T-ZIP		
TIT: E	I	DOLETE	0.4	TITLE		Change Addit	lion

DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST- ZIP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

2.2 NAME

2.3 STREET ADDRESS 2. 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 atlachment with an address.

6.4 CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

0.0.00

4177198

CA (155 A///

FILED

May 05 1998 8:00am

Secretary of State