و- ممد توسده

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000018620

## FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90002 047 \*\*\*150.00 08-03-1999 90001 024 \*\*\*400.00

1. Corporation Name	20//		1					
LEE J.P. GROUP, INC.	•		}	/				
			_ _		II II <b>18181 1811 1814 1</b>			
Principal Place of Business Mailing /	Address			1.001164	h (18 tere) terri east e	<b>5</b> 1(1 <b>05</b> 1)) <b>0</b> 0)0	•	
	KSON ST. SUITE 201							
1 1001 Brioritochi cir. Borrar Bar	FL 33901		i		DO NOT WR	ITIS IN THE	C CDACE	
			<b>⊢</b>	a . D. t. J			3 3FACE	
			1		orated or Qualifed	,		
				02/25/19 4. FEI Number				oplied For
2. Principal Place of Business No. PCI 2a. Maili	ng Address	14. 504		4. PEI Number	0822	02-1	L	of Applicabl
	Apt. #, etc.	17771 (10)	7/ 5		0000	-0,1		Additional
— 55.00, 19.00, 19.00	, др.: н, ок			<ol><li>Certificate o</li></ol>	f Status Desired		T	equired
				6 Election Ca	mpaign Financing		\$5.00	May Be
I ACA-DIATE ACCOUNT ACCOUNT OF C					Contribution			to Fees
Zip Country Zip		Country		8. This corpora	ation owes the our	rent year in	ntangible	/
24 34103 25 COLLIER 29 3	1103 📶	COLLIE		Personal Pr		· ·	Yes	₩No
9. Name and Address of Current Registered	<u>/</u>	T		0. Name and	Address of New	Registered	d Agent	
		81 Name	76	EFI EV	706	4NO77		
MAHER, ROBERT T		82 Street A			nber is Not Accept			
1601 JACKSON ST, SUITE 201			370	TAMI	AMI TRA	K N		
FT MYERS FL 33901 83								
							gs. Zin	Code
		84 City	NAP	LES		Fi	_     < 9	7/D <
11. Pursuant to the provisions of Sections 807,0502 and 607,150	8, Florida Statutes, t	he above-named	corporat	ion submits thi	s statement for the	e purpose o	of changing its	registered
Pursuant to the provisions of Sections 607.0502 and 607.150 office or registered agent, or both, in the State of Florida. Su agent, I am familiar with pad account the obligations of, Sections	ch change was autho on 607.0505. Florida	rized by the corpo Statules,	oration's	board of direct	lors. I hereby acce	pruve appr	/_	Alsteren
	-55600V	P. GANT	ग्रह-			4121	199	
SIGNATURE SIGNAT	No. (NOTE: Regi	stered Agent signature re	required whe	in reinstating)		DATE		
12. OFFICERS AND DIRECTOR	S	13.	···		CHANGES TO OF	FFICERS A		
TIME CHAZRMAN	□ DELETÉ	1.1 TITLE	C##	IRMAN	/ 0	, , ,	Change	<b>™</b> Apon
HAVE LAWRENCE DO AFRLY	AN UNIT 2	1.2 NAME	LAB	IKENCE	P. O'REIG	LIA	<b>√</b>	
STREET ADDRESS 4460 CAMINO REAL W.	<del></del>	1.3 STREET ADDRESS	1476	امن حده	MIND IGEN	730	2 4 %	
CITY-ST-ZO FORT-MICEL, EL	3912	1.4 CITY-ST-ZIP			ERS, F	772		/-
THE PLESIDENTHAND CEO	DELETE	2.1 TITLE	PRE	TMBOIZE	ICED		Change	☐ Addn
NUE TOFFIRE P GANOTE	Vandre	2.2 NAME	JE4	FFREY	P. GANG	D. 14	North	_
STREET ACCINESS! S. / 15. IF-71 / 17. II.	JORTH	2.3 STREET ADDRESS	37	o i Trans	14ml ] [	L/T/ <b>CL</b> .	Motor	
CITY-ST-ZP TAPLES, FL 3410	}	2.4 CITY-ST-ZIP	M	APLES	, PL 341	<u>کرہ/</u>		
TITLE	DELETE	3.1 TITLE	ļ				☐ Change	Addit
NAME	,	3.2 NAME	l -					
STREET ADDRESS		3.3 STREET ADDRESS					~	
CITY-ST-ZIP		3.4. CITY-ST-ZIP						F 1446
TITLE	DELETE	4.1 TITLE					Change	Addit
NAME		4.2 NAME						
STREET ADDRESS	1	4.3 STREET ADDRESS	i					
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ļ				F165	[*] Addi:
TITLE	DELETE	5.1 TITLE	1				Change	☐ Addi:
NAME	ľ	5.2 NAME	1					
STREET ADDRESS	1	5.3 STREET ADDRESS	1					
CITY-ST-ZIP	<b>_</b>	5.4 CITY-ST-ZIP	<b></b>					- A440
TITLE	DELETE	6.1 TITLE	ļ				Change	Addi:
NAME	Ţ	5.2 NAME	[					
STREET ADDRESS	i	6.3 STREET ADDRESS						
CITY-ST-ZIF		6.4 CITY-ST-ZIP	1		<del></del>			
A de la company	an wat minist for the	avamation stated	d in Cont	A 110 07/31/i	eatutet2 chinale	I further or	entity that the	informatioi

4. 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:

\_\_\_\_

(941)261-1113