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Secretary of State

06-25-1999 90002 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000018620 ✓			
1. Corporation Name LEE J.P. GROUP, INC.			
Principal Place of Business 1601 JACKSON ST. SUITE 201 FT MYERS FL 33901		Mailing Address 1601 JACKSON ST. SUITE 201 FT MYERS FL 33901	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 3701 TAMiami TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 3701 N. TAMiami TRAIL Suite, Apt. #, etc.	
22 City & State 23 NAPLES, FL		27 City & State 28 NAPLES, FL	
24 Zip 34103		29 Zip 34103	
25 Country COLLIER		30 Country COLLIER	
9. Name and Address of Current Registered Agent MAHER, ROBERT T 1601 JACKSON ST, SUITE 201 FT MYERS FL 33901		10. Name and Address of New Registered Agent 81 Name JEFFREY P. GANOTE 82 Street Address (P.O. Box Number is Not Acceptable) 3701 TAMiami TRAIL N. 83 84 City NAPLES FL 85 Zip Code 34103	
11. Pursuant to the provisions of Sections 807.0502 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 <i>Jeffrey P. Ganote</i> JEFFREY P. GANOTE DATE 4/21/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CHAIRMAN NAME LAWRENCE P. O'REILLY STREET ADDRESS 4460 CAMINO REAL WAY UNIT 2 CITY-ST-ZIP FORT MYERS, FL 33912		1.1 TITLE CHAIRMAN 1.2 NAME LAWRENCE P. O'REILLY 1.3 STREET ADDRESS 4460-2 CAMINO REAL WAY 1.4 CITY-ST-ZIP FORT MYERS, FL 33912	
TITLE PRESIDENT AND CEO NAME JEFFREY P. GANOTE STREET ADDRESS 3701 TAMiami TRAIL NORTH CITY-ST-ZIP NAPLES, FL 34103		2.1 TITLE PRESIDENT 2.2 NAME JEFFREY P. GANOTE 2.3 STREET ADDRESS 3701 TAMiami TRAIL NORTH 2.4 CITY-ST-ZIP NAPLES, FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (941)266-1113
 Date Daytime Phone #