

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90047 024 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000066811**

1. Corporation Name

**LEE AND ASSOCIATES REALTY AND MORTGAGE CORPORATI  
ON**

Principal Place of Business

**8695 COLLEGE PARKWAY STE 324  
FT MYERS FL 33919**

Mailing Address

**8695 COLLEGE PARKWAY STE 324  
FT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/27/1998**

4. FEI Number

**65-0853491**

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City &amp; State

**23**

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City &amp; State

**27**

Zip

Country

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

**LEE, DANIEL  
15040 SHAMROCK DR  
FT MYERS FL 33912**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ALISON B. DZWONKOWSKI</b>	
STREET ADDRESS	<b>400 SW 34TH TERR</b>	
CITY-ST-ZIP	<b>CAPE CORAL, FLORIDA 33914</b>	

TITLE	<b>TERMINATED</b>	<input type="checkbox"/> DELETE
NAME	<b>DELETE</b>	
STREET ADDRESS	<b>DELETE</b>	
CITY-ST-ZIP	<b>DELETE</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT / TREAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DANIEL LEE</b>	
1.3 STREET ADDRESS	<b>8695 COLLEGE PKWY, SUITE 323</b>	
1.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	

2.1 TITLE	<b>VICE-PRESIDENT / SEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PATRICIA J. LITERSEI</b>	
2.3 STREET ADDRESS	<b>12210 BOATSHALL DRIVE</b>	
2.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33991</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**DANIEL LEE**
**May 1, 1999** 941-489-2300  
 Date Daytime Phone #

CR2E034 (11/98)