

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 20 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S79393** (2)

1. Corporation Name

DENNIS LEE INCORPORATED

Principal Place of Business

Mailing Address

16101 SAGEBRUSH ROAD
TAMPA FL 33618
US

5329 B EHRLICH ROAD
TAMPA FL 33625
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/09/1991** 3a. Date of Last Report **06/01/1994**

4. FEI Number **59-3091299** 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 Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **715 Tallahassee N.E.**
Suite, Apt. #, etc.

26 **5329B Ehrlich Road**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **St. Petersburg, FL**

28 **Tampa, FL**

24 **33702** 25 Country

29 **33625** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, DENNIS
16101 SAGEBRUSH RD.
TAMPA FL 33618

81 Name **Lee, Dennis**
82 Street Address (P.O. Box Number is Not Acceptable) **715 Tallahassee N.E.**
83
84 City **St. Petersburg,** FL 85 Zip Code **33702**

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)

(If OFF, Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LEE, DENNIS
STREET ADDRESS	16101 SAGEBRUSH RD.
CITY - ST - ZIP	TAMPA FL
TITLE	VD
NAME	LEE, SANDRA
STREET ADDRESS	16101 SAGEBRUSH RD.
CITY - ST - ZIP	TAMPA FL
TITLE	ST
NAME	LEE, SANDRA
STREET ADDRESS	16101 SAGEBRUSH RD.
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lee, Dennis
1.3 STREET ADDRESS	715 Tallahassee N.E.
1.4 CITY - ST - ZIP	St. Petersburg, FL 33702
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lee, Sandra
2.3 STREET ADDRESS	715 Tallahassee N.E.
2.4 CITY - ST - ZIP	St. Petersburg, FL 33702
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lee, Sandra
3.3 STREET ADDRESS	715 Tallahassee N.E.
3.4 CITY - ST - ZIP	St. Petersburg, FL 33702
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *x Dennis Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 813.570-8500
DATE (Type Here)