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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(4)

1. Corporation Name S. LEE, INC.

DOCUMENT #

Mailing Address



	f Business	Mailing Address		•		
1521 FOREST HILL BLVD SUITE 6 WEST PALM BEACH FL 33406		1521 FOREST HILL BLVD Suite 6 West Palm Beach Fl 33406		Date Incorporated or Qualified	3a. Date of Last R	eport
				10/21/1991	04/26/19	
2. Principal Plac	or of Business	2a. Mailing Address		4. FEI Number		Applied For
, Principal Plac]	se or business	26		65-0292208		Not Applicabl
	ota	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	Additional
		27		5. Certificate of diatus bosned	Fee	Required
City & State		City & State		6. Election Campaign Financing		May Be
		28		Trust Fund Contribution	Auge	d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s s □ No	199.032,
	25	29	30	Florida Statutes Y Yes		
	9. Name and Address of Currer	nt Hegistered Agent	81 Name	IV. Harrie and Address of New Y	iogiotoro rigoni	
LEE, SHA			82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
1521 FOREST HILL BLVD			83			
SUITE 6						
WEST PA	NLM BEACH FL 33406		84 City		FL B5 Z	ip Code
	007.050	O I OOZ 4500 Florida Ctat	too the above named cor	poration submits this statement for the purposed of directors. I bereby accept the an	roose of changing its	registered of
or registere	ed agent, or both, in the State of Flor	ida. Such change was author	ized by the corporation's r	poration submitts this statement for the population of directors. I hereby accept the app	pointment as registere	d agent. I am
familiar with	n, and accept the obligations of, Sec	tion 607.0505, Florida Statute	3 5.			
IGNATURE	Signature, typed or printed name of registered egen				DATE	
COLOR STOCKE	Stanish ing Tyrned or printed name of registered 8000	nt and tille if appricable. (I	NOTE: Registered Agent signature rec	quired when reinstating)		
Š		ND DIRECTORS	NOTE: Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OF		
2.				tuired when reinstating) ADDITIONS/CHANGES TO OF		
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certify that the information indicated on this ambient eport or supplemental arribal report is true and accurate and that my signature shall have the same legal effect as in made those cath; 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 perhanged, or on an attachment with an address.

SIGNATURE: __