

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S99716 (0)

1. Corporation Name
LEGAL DOCUMENTS FOR LESS, INC.

**APPROVED
AND
FILED**

95 APR 24 PM 3:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**4100 EVANS AVE
#6
FT MYERS FL 33901
US**

Mailing Address
**4100 EVANS AVE
#6
FORT MYERS FL 33901
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/11/1991** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business
21 Suite, Apt. #, etc. **22** **# 4**

2a. Mailing Address
26 Suite, Apt. #, etc. **27** **# 4**

4. FEI Number **65-0305094** Applied For Not Applicable

City & State
23 City & State **28**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country
24 **25** Zip Country **29** **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HECK, ROBERT P.
4066 EVANS AVE.
SUITE 13
FORT MYERS FL 33901**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 ROBERT HECK *Robert Heck* **APRIL 15, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HECK, ROBERT P.
STREET ADDRESS	4100 EVANS AVE # 4
CITY - ST - ZIP	FT. MYERS FL
TITLE	DVP
NAME	ROBINSON, PATRICK B.
STREET ADDRESS	4100 EVANS AVE # 4
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HECK, ROBERT	
13 STREET ADDRESS	4100 EVANS AVE # 4	
14 CITY - ST - ZIP	FT. MYERS, FL 33901	
21 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ROBINSON, PATRICK B	
23 STREET ADDRESS	4100 EVANS AVE # 4	
24 CITY - ST - ZIP	FT. MYERS, FL 33901	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(3)(b), 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: ROBERT HECK *Robert Heck* **APR 15, 1995** **813 9364262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)