

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V04280 (6)
1. Corporation Name
LEE COUNTY HOLDINGS COMPANY



Principal Place of Business % 50 N. LAURA STREET BARNETT TOWER, MC 099-000-1830 JACKSONVILLE FL 32202 US	Mailing Address % 50 N. LAURA STREET BARNETT TOWER, MC 099-000-1830 JACKSONVILLE FL 32202 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 M/C 099-000-0730 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 M/C 099-000-3255 28 City & State 29 Zip Country
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3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0303644	Applied For Not Applicable
5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GHOMESHI, MEHDI 50 N. LAURA STREET MC; 099-000-1830 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent 81 Name Gary W. England 82 Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street 83 M/C 099-000-0907 84 City Jacksonville FL 85 Zip Code 32202
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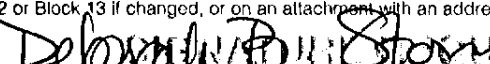
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE 4-10-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSV BUEROSSE, MARCUS 801 E HALLANDALE HALLANDALE FL	1.1 TITLE	DSV
NAME		1.2 NAME	Wilmot, Michael R
STREET ADDRESS		1.3 STREET ADDRESS	50 North Laura Street
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Jacksonville, FL 32202
TITLE	DP GHOMESHI, MEHDI 50 N LAURA STREET JACKSONVILLE FL 32202	2.1 TITLE	DV
NAME		2.2 NAME	Small, Lora J
STREET ADDRESS		2.3 STREET ADDRESS	50 North Laura Street
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Jacksonville, FL 32202
TITLE	DV STORY, DEBORAH 50 N. LAURA STREET JACKSONVILLE FL 32202	3.1 TITLE	PD
NAME		3.2 NAME	Story, Deborah B.
STREET ADDRESS		3.3 STREET ADDRESS	50 North Laura Street
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Jacksonville, FL 32202
TITLE	DTV BLANSTEIN, ALAN 801 E HALLANDALE HALLANDALE FL	4.1 TITLE	DTV
NAME		4.2 NAME	Moreland, Michael
STREET ADDRESS		4.3 STREET ADDRESS	2850 North Federal Highway
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Lighthouse Point, FL 33064
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

1.1 TITLE	DSV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilmot, Michael R	
1.3 STREET ADDRESS	50 North Laura Street	
1.4 CITY - ST - ZIP	Jacksonville, FL 32202	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Small, Lora J	
2.3 STREET ADDRESS	50 North Laura Street	
2.4 CITY - ST - ZIP	Jacksonville, FL 32202	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Story, Deborah B.	
3.3 STREET ADDRESS	50 North Laura Street	
3.4 CITY - ST - ZIP	Jacksonville, FL 32202	
4.1 TITLE	DTV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Moreland, Michael	
4.3 STREET ADDRESS	2850 North Federal Highway	
4.4 CITY - ST - ZIP	Lighthouse Point, FL 33064	
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 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.

SIGNATURE  Deborah Story 4/10/97 (904) 791-5719

CR2E034 (9/96)