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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V23515

(2)

CHRISTOPHER J. LEE, ARCHITECTS, INC.

## FILED Mar 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					I (201) ATTRIO (1000 PLIN) BITAL TITOL BITA ETAIL AT	711 81811 81811 81811 81811 1881
6296 CORPORATE COURT A-202		6296 CORPORATE COURT A-202		DO NOT WRITE IN THIS SPACE		
FT. MYERS FL 33919		FT. MYERS FL 33919 US		3. Date Incorporated or Qualified		
					03/25/1992	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0320582	Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stato		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		7 <sub>lp</sub>	Country 30		This corporation owes or has pald the operation Property Tax due June 30.	
24	9. Name and Address of Currer	45:1	[30]		10. Name and Address of New Registere	— · <u></u>
1 50	E. CHRISTOPHER J.		81	Name		
638	85 PRESIDENTIAL COURT		82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
1	ITE 102 . Myers fl 33919		83			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Sta	utes, the above	Le-named con	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	s authorized by	the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	m remain with and booops that olding	mond of, blomon our loods.	, ionaa olaloio	<b>,</b> .		
SIGNATURE	Signature, typed or printed name of registered ag-		OTE Registered Age	nt signature requ	ofred when reinstating) DATE	
12.			13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D LEE CHOICEANNED A	☐ DELETE	1.1 TITLE			L Change L Addition
NAME LEE, CHRISTOPHER J. STREET ADDRESS 6385 PRESIDENTIAL CT. 102			1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-S			
TITLE	TI. MICHOTE	DELETE	2.1 TITLE	1-2IF		☐ Change ☐ Addition
NAME		_	2.2 NAME			
STREET ADDRESS			2.3 STREET	ADORESS		
CITY-ST-ZIP			2 4 CITY-5	ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		·
CITY - ST - ZIP			3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	-T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		,	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,	5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET	ADDRESS		

14. I hereby certify that the information supplied with this filing does per 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 rue 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 convention or the receiver or turbed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if plantaged, or or an attangement value an address.

\_ CHRISTOPHER J. LEE /2/13/98 941-482-4270