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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719806 (2)
 1. Corporation Name
LEE BUILDING INDUSTRY ASSOCIATION, INC.



Principal Place of Business 4571 COLONIAL BLVD FT MYERS FL 33912	Mailing Address 4571 COLONIAL BLVD FT MYERS FL 33912
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3. Date Incorporated or Qualified 12/07/1970	
4. FEI Number 59-1313363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent
REITMANN, MICHAEL
4571 COLONIAL BLVD
FT MYERS FL 33912

10. Name and Address of New Registered Agent	
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME CATANZARITI, JOSEPH	
STREET ADDRESS 7250 HEAVEN LANE	
CITY-ST-ZIP FORT MYERS FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME STOKES, WYMAN	
STREET ADDRESS 15951 MCGREGOR BLVD.	
CITY-ST-ZIP FORT MYERS FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME LYONS, BOBBY	
STREET ADDRESS 1220 TOWNE LAKE DR., #1	
CITY-ST-ZIP FT. MYERS FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME RITTER, JR. L	
STREET ADDRESS 1104 SE 12TH AVE.	
CITY-ST-ZIP CAPE CORAL FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MONTERO, HENRY	
STREET ADDRESS 12453 S. CLEVELAND AVE.	
CITY-ST-ZIP FORT MYERS FL	
TITLE V	<input type="checkbox"/> DELETE
NAME REITMANN, MICHAEL	
STREET ADDRESS 4531 COLONIAL BLVD	
CITY-ST-ZIP FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Lyons, Bobby	
1.3 STREET ADDRESS 1220 Towne Lake Dr., #1	
1.4 CITY-ST-ZIP Fort Myers FL	
2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME MCMURRAY, DARIN	
2.3 STREET ADDRESS 10491 SIX MILE CYPRESS PKWY.	
2.4 CITY-ST-ZIP FORT MYERS FL	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME STOKES, WYMAN	
3.3 STREET ADDRESS 15951 MCGREGOR BLVD.	
3.4 CITY-ST-ZIP FORT MYERS FL	
4.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME MONTERO, HENRY	
4.3 STREET ADDRESS 9031 CEDAR CREEK DR.	
4.4 CITY-ST-ZIP BONITA SPRINGS FL	
5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME DANNENHAUER, MICHAEL	
5.3 STREET ADDRESS 1614 COLONIAL BLVD.	
5.4 CITY-ST-ZIP FORT MYERS FL	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Reitmann* **REITMANN, MICHAEL** 1-13-98(94) 936-5825

CP2E087 (10/97)