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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L47460**
 1. Corporation Name
RAM CONSTRUCTION OF LEE COUNTY, INC.

Principal Place of Business: C/O LEE E. MILLER, 113 S.E. 41ST TERRACE, CAPE CORAL FL 33904-8378
 Mailing Address: C/O LEE E. MILLER, 113 S.E. 41ST TERRACE, CAPE CORAL FL 33904-8378



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4451 Alton Road	26 4451 Alton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Miami Florida	27 Miami, Florida
City & State	City & State
23 33140 Dade	28 33140 Dade
Zip Country	Zip Country
24 25 29 30	

3. Date Incorporated or Qualified: 01/30/1990

4. FEI Number: 59-2991485	Applied For: Not Applicable
5. Certificate of Status Desired: XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MILLER, LEE E STE 113 SE 41ST TERRACE CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Edward S. Riczo
82 Street Address (P.O. Box Number is Not Acceptable): 4451 Alton Rd
83 Miami, Florida 33140
84 City: Miami FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: *Edward S. Riczo* DATE: 1-1-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: MILLER, LEE E.	STREET ADDRESS: 113 S.E. 41ST TERRACE	CITY-ST-ZIP: CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE
TITLE: VD	NAME: MILLER, EDWARD L.	STREET ADDRESS: 1413 SW 5TH PLACE	CITY-ST-ZIP: FORT MYERS FL	<input checked="" type="checkbox"/> DELETE
TITLE: STD	NAME: MILLER, MARCELL N.	STREET ADDRESS: 113 S.E. 41ST TERRACE	CITY-ST-ZIP: CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: President/Owner (Sole)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Edward S. Riczo	
1.3 STREET ADDRESS: 4451 Alton Rd	
1.4 CITY-ST-ZIP: Miami, Florida 33140	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
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 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, with all other like empowered.

SIGNATURE: *Edward S. Riczo* DATE: 1-1-99 DAYTIME PHONE #: 305-673-4798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)