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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90005 019 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4451 Alton Road Suite, Apt. #, etc. 22 Miami Florida City & State 23 33140 Dade Zip Country	2a. Mailing Address 26 4451 Alton Road Suite, Apt. #, etc. 27 Miami, Florida City & State 28 33140 Dade Zip Country
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3. Date Incorporated or Qualified 01/30/1990	
4. FEI Number 59-2991485	Applied For <input type="checkbox"/> 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* **1-1-99**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LEE E. 113 S.E. 41ST TERRACE CAPE CORAL FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, EDWARD L. 1413 SW 5TH PLACE FORT MYERS FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, MARCELL N. 113 S.E. 41ST TERRACE 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Owner (Sole) Edward S. Riczo 4451 Alton Rd Miami, Florida 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **1-1-99** **305-673-4798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)