FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H85402 (6)

1. Corporation Name

RONLEE CONSTRUCTION, INC.

Principal Place of Business

4950 N.W. 72ND AVE.
P.O. BOX 660655
MIAMI FL 33166

Mailing Address

4950 N.W. 72ND AVE.
P.O. BOX 660655
MIAMI FL 33166

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified: 11/14/1985

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-2626847 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MILLS,MICHAEL L.
4950 N.W. 72ND AVE.
MIAMI FL 33266-7655

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 Section 607.0505, 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, and the appointed registered agent has consented to the designation. Such consent is attached.

SIGNATURE N/A DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	MILLS,MICHAEL L.	
STREET ADDRESS	4950 N.W. 72ND AVE.	
CITY, ST, ZIP	MIAMI SPRINGS FL	
TITLE	VPS	[ ] DELETE
NAME	MILLS, KATHRYN	
STREET ADDRESS	4765 LAKE RD.	
CITY, ST, ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change [ ] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	[ ] Change [ ] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this report is true and accurate, and that I have complied with the requirements for the exemption stated in Section 119.07(3)(k), 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 or other person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on attached sheet, with my title or authority.

SIGNATURE: 3/25/96 305-592-5860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Mills, President/Owner

CR2E034 (12/95)