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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L47460**

1. Corporation									
RAM CO	nstruction of Lee Coui	NTY, INC.							
Principal Place of Business Mailing Address						1 10011011 111 1111 1111 1111 1111	,		
C/O LEE E. MILLER C/O LEE E. MILLER									
113 S.E. 41ST TERRACE 113 S.E. 41ST TERRACE						DO NOT WRITE	IN THIS SDACE		
CAPE CORAL FL 33904-8378 CAPE CORAL FL 33904-8378						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	•		
						01/30/1990 4. FEI Number		-liad Fad	
Principal Place of Business 2a. Mailing Address				- 1		•		plied For	
			451 Alton Road			59-2991485		ot Applicable	
Suite, Apt.			Suite, Apt. #, etc.			5. Certificate of Status Desired XX	Y	\$8.75 Additional Fee Required	
	Florida	27 Miami, Florida				1 co required			
City & State		City & Stat	e	• •		6. Election Campaign Financing	→ \$5.00 Added	May Be	
23 3314		28 33140		<u>Dade</u>		Trust Fund Contribution		to rees	
Zip	Country	Zip		Country		8. This corporation owes the current	t year Intangible ☐ Yes	□No	
24	25	29	30	L		Personal Property Tax.			
9. Name and Address of Current Registered Agent 81 Name						10. Name and Address of New Registered Agent			
					ard S. Riczo				
STE				82 Street	et Address (P.O. Box Number is Not Acceptable)				
						4451 Alton Rd			
113 SE 41ST TERRACE				83	Mia	liami, Florida 33140			
CAPE CORAL FL 33904				84 City			85 Zip	Code	
·				[]	Mia	mi		140 l	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or bottle in the State o m familiar with, and accept the obligation	and 607.150, Flo	rida Statules,	the above-named	corpor	ation submits this statement for the pu	rpose of changing its	registered	
office or n	egistered agent, or both; in the State of m familiar with, and accept the obligation	r Florida. Sign Coe ons of, Section 607	.0595, Florida	Statutes.	orauon	s board of directors. Thereby accept to	ie appointment as to	gistored	
SIGNATURE X CAWALL (N.) VILLO						1-1	-99	1	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					stered Agent signature required when reinstating) DATE				
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD		DELETE	1.1 TITLE		sident/Owner (Sole)	Change	☐ Addition	
NAME	MILLER, LEE E.			1.2 NAME	Edw	ard S. Riczo			
STREET ADDRESS	113 S.E. 41ST TERRACE			1.3 STREET ADDRESS	445	61 Alton Rd		j	
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	Mia	mi, Florida 33140			
TITLE	VD	<u> </u>	DELETE	2.1 TITLE			Change	Addition	
NAME	MILLER, EDWARD L.			2.2 NAME					
STREET ADDRESS	1413 SW 5TH PLACE			2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL		/	2. 4 CiTY-ST-ZIP					
TITLE	STD		DELETE	3.1 TITLE			☐ Change	Addition	
NAME	MILLER, MARCELL N.			3.2 NAME					
STREET ADDRESS	113 S.E. 41ST TERRACE	•		3.3 STREET ADDRESS				1	
CITY-ST-ZIP	CAPE CORAL FL			3.4. CITY-ST-ZIP					
TITLE	0.02 00101010		DELETE	4.1 TITLE			[] Change	Addition	
NAME	l v	_		4.2 NAME				ļ	
STREET ADDRESS	•			4.3 STREET ADDRESS				}	
				4.4 CITY-ST-ZIP				,	
CITY-ST-ZIP				4.4 CH 1-31-ZIF	1				

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 open attacoment with an address, with all other life empowered.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

305-673-4798

☐ Change

☐ Change

May 03, 1999 8:00 am Secretary of State

05-03-1999 90005 019 ***158.75

Daytime Phone #

Addition

Addition