FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

Secretary of State
DIVISION OF CORPORATIONS

						I .			
DOCUMENT # P93000031515 (8) 1. Corporation Name									
•	RLEE DEVELOPMENT COI	MPANY							
1411 21	ILLE DEVILEOR MILITY CON								
Principal Place	of Business	Mailing Address			· · · · · · · · · · · · · · · · · · ·		111 95111 9818) HILBI HIBBI B)
7011 WINK	iler RD.	7011 WINKLER RD.							
SUITE 101		SUITE 101							
FT MYERS FL 33919 US		FT MYERS FL 33919 US			3. Date Incorporated or Qualified	3a. Date	of Last R	Report	
00		••				04/27/1993		04/21/1	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	.1		Applied For
21		26				65-0404557			Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cour	itry		8. This corporation has liability for i	ntangible ta	x under s	199.032,
24	25		30			1	□ No		
	9. Name and Address of Curre	ent Registered Agent		04	N	10. Name and Address of New R	egistered .	Agent	
MENO	II CIIV			81	Name				
MEMOLI, GUY 7011 WINKLER RD.				82	Street Addre	ss (P.O. Box Number is Not Acceptable WINKLER ROAL	le)		
SUITE			83			WINKLER KUAT			
FT MYERS FL 33919									
,,,				84	City		FL	85 Zi	p Code
familiar wit	o the provisions of Sections 607.050 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	02 and 607.1508, Florida Statutes, orida. Such change was authorized action 607.0505, Florida Statutes.	the above	e-n orpo	amed corpora oration's board	tion submits this statement for the pur d of directors. I hereby accept the appo			registered office d agent. I am
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered /	Agent	t signature required	when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	···· · · · · · · · · · · · · · · · · ·		
TITL€	DP NEMOLE CLIV	DELETE	1.1 10	1. 1 TITLE			[Change	☐ Addition
NAME	MEMOLI, GUY 7011 WINKLER RD.		1.2 NAME						
STREET ADDRESS	FT MYERS FL.		1.3 STF	1.3 STREET ADDRESS					
CITY-ST-ZIP	DV	T) DELETE	1.4 CiT TE 2.1 TiT		r-ZIP			Change	Addition
TITLE	MEMOLI, ALBERT	LI DECEIE		NAME			L		
NAME	7011 WINKLER RD.				*DDDEEC				
STREET ADDRESS CITY-ST-ZIP	FT MYERS FL			2 3 STREET ADDRESS 2 4 City - St - Zip					
TITLE	DST	[7] DELETE	3 1 TIT		1-211		r	Change	Addition
NAME	MEMOLI, SHARON A	_	3 2 NAME				_		_
STREET ADDRESS	7011 WINKLER RD.		3.3. STREET ADDRESS 3.4 CITY-ST-ZIP		ADDRESS				
CITY-ST-ZIP	FT MYERS FL								
TITLE				4. 1 TITLE			1	Change	☐ Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STI	REET.	ADDRESS				•
CITY-ST-ZIP			4.4 CIT	Y - S	T-ZIP				
TITLE		DELETE	5. 1 11	ΙE			Γ	Спапде	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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.

□ DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

SIGNATURE: Alacon Q - Messali .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/25/96 941-482-436

CR2E034 (12/95)

☐ Addition

☐ Change