

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000031515 (8)

1. Corporation Name

MYERLEE DEVELOPMENT COMPANY



Principal Place of Business

7011 WINKLER RD.
SUITE 101
FT MYERS FL 33919
US

Mailing Address

7011 WINKLER RD.
SUITE 101
FT MYERS FL 33919
US

3. Date Incorporated or Qualified
04/27/1993

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0404557

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

10. Name and Address of New Registered Agent

MEMOLI, GUY
7011 WINKLER RD.
SUITE 101
FT MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7011 WINKLER ROAD

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME MEMOLI, GUY
STREET ADDRESS 7011 WINKLER RD.
CITY-ST-ZIP FT MYERS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE DV ☐ DELETE

NAME MEMOLI, ALBERT
STREET ADDRESS 7011 WINKLER RD.
CITY-ST-ZIP FT MYERS FL

1.2 NAME ☐ Change ☐ Addition

TITLE DST ☐ DELETE

NAME MEMOLI, SHARON A
STREET ADDRESS 7011 WINKLER RD.
CITY-ST-ZIP FT MYERS FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *Sharon A. Memoli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 941-482-4266
Date Daytime Phone #

CR2E034 (12/95)