

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

APPROVED

AND  
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95 JUL 21 PM 3:22

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **094000043509**  
1. Corporation Name **Michael Lee, Inc.**  
**1505 W. Brandon Blvd.**

Principal Place of Business Mailing Address  
**1505 W. Brandon Blvd.**  
**Brandon, FL 33511**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		6/6/94			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-326466		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				B1 Name <b>Michael Nummy</b>			
				B2 Street Address (P.O. Box Number is Not Acceptable) <b>3552 Hogan Dr.</b>			
				B3 <b>NEWPORT RICHEY</b>			
				B4 City <b>FL</b> B5 Zip Code <b>34655</b>			
11. Pursuant to the provisions of Sections 607.0503 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 <i>[Signature]</i>				Michael Nummy, President 10-95			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP
	President	3552 Hogan Dr.	NEWPORT RICHEY, FL 34655				
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP

800001545318  
-07/25/95--01064--002  
\*\*\*\*225.00 \*\*\*\*225.00

14. I, the hereby certify that the information supplied with this filing is substantially true and correct, for the information stated in law from 1991(17) (b), Florida Statutes. I further certify that the information submitted on this annual report is complete, correct, and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the certificate of incorporation filed with the Department of State.

SIGNATURE: *[Signature]* Michael Nummy 1-10-95

SIGNATURE: *[Signature]* Michael Nummy 1-10-95

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah H. Morhart  
Secretary of State  
1995

APPROVED  
AND  
FILED

05 JUL 21 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000043555 (9)**

ROCKIN "R" ENTERPRISES, INC.

700001547957  
-07/27/95--01075--015  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

17705 123RD TERRACE NORTH  
JUPITER FL 33478

17705 123RD TERRACE NORTH  
JUPITER FL 33478

2. Date of Incorporation or Qualification <b>06/10/1994</b>		3a. Date of Last Report	
21. State of Incorporation <b>FL</b>		4. FPI Number <b>05-0499691</b>	
22. City & State <b>JUPITER FL</b>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Code <b>33478</b>		6. This corporation has liability for intangible tax under S. 190(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
REYMANN, RON A 17705 123RD TERRACE NORTH JUPITER FL 33478				b1. Name			
				b2. Street Address (P.O. Box Number is Not Acceptable)			
				b3. City			
				b4. State <b>FL</b> b5. Zip Code			

11. Pursuant to the provisions of Sections 607.0503 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent of both in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as required agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *R. P. P.*

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
01. NAME	D REYMANN, RON A 17705 123RD TERRACE NORTH JUPITER FL 33478	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS		1.2 NAME	
03. CITY		1.3 STREET ADDRESS	
04. STATE		1.4 CITY & ZIP	
05. ZIP CODE		1.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME	D REYMANN, KAREN L 17705 123RD TERRACE NORTH JUPITER FL 33478	2.1 NAME	
07. STREET ADDRESS		2.2 STREET ADDRESS	
08. CITY		2.3 CITY & ZIP	
09. STATE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ZIP CODE		3.2 NAME	
11. NAME		3.3 STREET ADDRESS	
12. STREET ADDRESS		3.4 CITY & ZIP	
13. CITY		3.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STATE		4.1 NAME	
15. ZIP CODE		4.2 STREET ADDRESS	
16. NAME		4.3 CITY & ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY		5.2 NAME	
19. STATE		5.3 STREET ADDRESS	
20. ZIP CODE		5.4 CITY & ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY		6.3 STREET ADDRESS	
24. STATE		6.4 CITY & ZIP	
25. ZIP CODE		6.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		6.6 NAME	
27. STREET ADDRESS		6.7 STREET ADDRESS	
28. CITY		6.8 CITY & ZIP	
29. STATE		6.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. ZIP CODE		6.10 NAME	
31. NAME		6.11 STREET ADDRESS	
32. STREET ADDRESS		6.12 CITY & ZIP	
33. CITY		6.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. STATE		6.14 NAME	
35. ZIP CODE		6.15 STREET ADDRESS	
36. NAME		6.16 CITY & ZIP	
37. STREET ADDRESS		6.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. CITY		6.18 NAME	
39. STATE		6.19 STREET ADDRESS	
40. ZIP CODE		6.20 CITY & ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct, for the exemption stated in Section 190(3)(2), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. That any alterations on this filing or the filing of another corporation to occur on this report are required by Florida Statutes, and that my, or another, signature on this filing shall have the same effect as if made under oath.

SIGNATURE: *R. P. P.* 7/12/95 407 575-0112

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR