

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

APPROVED

AND
FILED

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 6/6/94		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-326466		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				B1	Name Michael Nummy		
				B2	Street Address (P.O. Box Number is Not Acceptable) 3552 Hogan Dr.		
				B3	NEWPORT RICHEY		
				B4	City		
				FL	B5	Zip Code 34655	

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 *[Signature]* **Michael Nummy, President 10-95**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Michael Nummy	2	NAME				
STREET ADDRESS	3552 Hogan Dr.	3	STREET ADDRESS				
CITY, ST, ZIP	NEWPORT RICHEY, FL 34655	4	CITY, ST, ZIP				
TITLE		5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		6	NAME				
STREET ADDRESS		7	STREET ADDRESS				
CITY, ST, ZIP		8	CITY, ST, ZIP				
TITLE		9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		10	NAME				
STREET ADDRESS		11	STREET ADDRESS				
CITY, ST, ZIP		12	CITY, ST, ZIP				
TITLE		13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		14	NAME				
STREET ADDRESS		15	STREET ADDRESS				
CITY, ST, ZIP		16	CITY, ST, ZIP				

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

[Signature] **Michael Nummy**

14. I, the hereby certify that the information reported with this filing is substantially true and correct, for the information stated in law 199 (1) (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

APPROVED AND FILED

05 JUL 21 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah H. Martha
Secretary of State
1995-1996

DOCUMENT # P94000043555 (9)

ROCKIN "R" ENTERPRISES, INC.

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

DO NOT WRITE IN THIS SPACE

Principal Office Address: 17705 123RD TERRACE NORTH JUPITER FL 33478
Mailing Address: 17705 123RD TERRACE NORTH JUPITER FL 33478

2. Date of Incorporation or Qualification: 06/10/1994		3a. Date of Last Report	
21. State Act #		4. FPI Number: 05-0499691	
22. City & State		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City & State		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.			
				b4. City			
				FL 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, or 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.A.P.* (Name of Agent) (Name of Registered Agent) (Name of Registered Agent)

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. TITLE	D REYMANN, KAREN L 17705 123RD TERRACE NORTH JUPITER FL 33478	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
06. NAME		2.2 NAME	
07. STREET ADDRESS		2.3 STREET ADDRESS	
08. CITY		2.4 CITY & ZIP	
09. STATE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. TITLE		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY		3.4 CITY & ZIP	
13. STATE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY		4.4 CITY & ZIP	
17. STATE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY		5.4 CITY & ZIP	
21. STATE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY		6.4 CITY & ZIP	
25. STATE		7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		7.2 NAME	
27. STREET ADDRESS		7.3 STREET ADDRESS	
28. CITY		7.4 CITY & ZIP	
29. STATE		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		8.2 NAME	
31. STREET ADDRESS		8.3 STREET ADDRESS	
32. CITY		8.4 CITY & ZIP	
33. STATE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		9.2 NAME	
35. STREET ADDRESS		9.3 STREET ADDRESS	
36. CITY		9.4 CITY & ZIP	
37. STATE		10.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME		10.2 NAME	
39. STREET ADDRESS		10.3 STREET ADDRESS	
40. CITY		10.4 CITY & ZIP	
41. STATE		11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		11.2 NAME	
43. STREET ADDRESS		11.3 STREET ADDRESS	
44. CITY		11.4 CITY & ZIP	
45. STATE		12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME		12.2 NAME	
47. STREET ADDRESS		12.3 STREET ADDRESS	
48. CITY		12.4 CITY & ZIP	
49. STATE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. NAME		13.2 NAME	
51. STREET ADDRESS		13.3 STREET ADDRESS	
52. CITY		13.4 CITY & ZIP	
53. STATE		14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. NAME		14.2 NAME	
55. STREET ADDRESS		14.3 STREET ADDRESS	
56. CITY		14.4 CITY & ZIP	
57. STATE		15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58. NAME		15.2 NAME	
59. STREET ADDRESS		15.3 STREET ADDRESS	
60. CITY		15.4 CITY & ZIP	
61. STATE		16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		16.2 NAME	
63. STREET ADDRESS		16.3 STREET ADDRESS	
64. CITY		16.4 CITY & ZIP	
65. STATE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
66. NAME		17.2 NAME	
67. STREET ADDRESS		17.3 STREET ADDRESS	
68. CITY		17.4 CITY & ZIP	
69. STATE		18.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
70. NAME		18.2 NAME	
71. STREET ADDRESS		18.3 STREET ADDRESS	
72. CITY		18.4 CITY & ZIP	
73. STATE		19.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
74. NAME		19.2 NAME	
75. STREET ADDRESS		19.3 STREET ADDRESS	
76. CITY		19.4 CITY & ZIP	
77. STATE		20.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
78. NAME		20.2 NAME	
79. STREET ADDRESS		20.3 STREET ADDRESS	
80. CITY		20.4 CITY & ZIP	
81. STATE		21.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
82. NAME		21.2 NAME	
83. STREET ADDRESS		21.3 STREET ADDRESS	
84. CITY		21.4 CITY & ZIP	
85. STATE		22.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
86. NAME		22.2 NAME	
87. STREET ADDRESS		22.3 STREET ADDRESS	
88. CITY		22.4 CITY & ZIP	
89. STATE		23.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
90. NAME		23.2 NAME	
91. STREET ADDRESS		23.3 STREET ADDRESS	
92. CITY		23.4 CITY & ZIP	
93. STATE		24.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
94. NAME		24.2 NAME	
95. STREET ADDRESS		24.3 STREET ADDRESS	
96. CITY		24.4 CITY & ZIP	
97. STATE		25.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME		25.2 NAME	
99. STREET ADDRESS		25.3 STREET ADDRESS	
100. CITY		25.4 CITY & ZIP	
101. STATE		26.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102. NAME		26.2 NAME	
103. STREET ADDRESS		26.3 STREET ADDRESS	
104. CITY		26.4 CITY & ZIP	
105. STATE		27.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106. NAME		27.2 NAME	
107. STREET ADDRESS		27.3 STREET ADDRESS	
108. CITY		27.4 CITY & ZIP	
109. STATE		28.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110. NAME		28.2 NAME	
111. STREET ADDRESS		28.3 STREET ADDRESS	
112. CITY		28.4 CITY & ZIP	
113. STATE		29.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114. NAME		29.2 NAME	
115. STREET ADDRESS		29.3 STREET ADDRESS	
116. CITY		29.4 CITY & ZIP	
117. STATE		30.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
118. NAME		30.2 NAME	
119. STREET ADDRESS		30.3 STREET ADDRESS	
120. CITY		30.4 CITY & ZIP	
121. STATE		31.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122. NAME		31.2 NAME	
123. STREET ADDRESS		31.3 STREET ADDRESS	
124. CITY		31.4 CITY & ZIP	
125. STATE		32.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
126. NAME		32.2 NAME	
127. STREET ADDRESS		32.3 STREET ADDRESS	
128. CITY		32.4 CITY & ZIP	
129. STATE		33.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
130. NAME		33.2 NAME	
131. STREET ADDRESS		33.3 STREET ADDRESS	
132. CITY		33.4 CITY & ZIP	
133. STATE		34.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
134. NAME		34.2 NAME	
135. STREET ADDRESS		34.3 STREET ADDRESS	
136. CITY		34.4 CITY & ZIP	
137. STATE		35.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
138. NAME		35.2 NAME	
139. STREET ADDRESS		35.3 STREET ADDRESS	
140. CITY		35.4 CITY & ZIP	
141. STATE		36.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
142. NAME		36.2 NAME	
143. STREET ADDRESS		36.3 STREET ADDRESS	
144. CITY		36.4 CITY & ZIP	
145. STATE		37.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
146. NAME		37.2 NAME	
147. STREET ADDRESS		37.3 STREET ADDRESS	
148. CITY		37.4 CITY & ZIP	
149. STATE		38.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
150. NAME		38.2 NAME	
151. STREET ADDRESS		38.3 STREET ADDRESS	
152. CITY		38.4 CITY & ZIP	
153. STATE		39.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
154. NAME		39.2 NAME	
155. STREET ADDRESS		39.3 STREET ADDRESS	
156. CITY		39.4 CITY & ZIP	
157. STATE		40.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
158. NAME		40.2 NAME	
159. STREET ADDRESS		40.3 STREET ADDRESS	
160. CITY		40.4 CITY & ZIP	
161. STATE		41.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
162. NAME		41.2 NAME	
163. STREET ADDRESS		41.3 STREET ADDRESS	
164. CITY		41.4 CITY & ZIP	
165. STATE		42.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
166. NAME		42.2 NAME	
167. STREET ADDRESS		42.3 STREET ADDRESS	
168. CITY		42.4 CITY & ZIP	
169. STATE		43.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
170. NAME		43.2 NAME	
171. STREET ADDRESS		43.3 STREET ADDRESS	
172. CITY		43.4 CITY & ZIP	
173. STATE		44.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
174. NAME		44.2 NAME	
175. STREET ADDRESS		44.3 STREET ADDRESS	
176. CITY		44.4 CITY & ZIP	
177. STATE		45.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
178. NAME		45.2 NAME	
179. STREET ADDRESS		45.3 STREET ADDRESS	
180. CITY		45.4 CITY & ZIP	
181. STATE		46.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
182. NAME		46.2 NAME	
183. STREET ADDRESS		46.3 STREET ADDRESS	
184. CITY		46.4 CITY & ZIP	
185. STATE		47.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
186. NAME		47.2 NAME	
187. STREET ADDRESS		47.3 STREET ADDRESS	
188. CITY		47.4 CITY & ZIP	
189. STATE		48.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
190. NAME		48.2 NAME	
191. STREET ADDRESS		48.3 STREET ADDRESS	
192. CITY		48.4 CITY & ZIP	
193. STATE		49.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
194. NAME		49.2 NAME	
195. STREET ADDRESS		49.3 STREET ADDRESS	
196. CITY		49.4 CITY & ZIP	
197. STATE		50.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
198. NAME		50.2 NAME	
199. STREET ADDRESS		50.3 STREET ADDRESS	
200. CITY		50.4 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 change in the filing of this report shall be the result of a proper amendment to be made on the report as required by Chapter 190, Florida Statutes, and that my certificate is not to be construed as an affidavit or sworn statement.

SIGNATURE: *R.A.P.* (Name of Agent) (Name of Registered Agent) (Name of Registered Agent)

7/12/95 407 575-0112