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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P96000023505 (6)

1. Corporation Name
MEYER & LEE CONSTRUCTION, INC.

Principal Place of Business:

Mailing Address:

**1896 KENTUCKY AVENUE
 WINTER PARK FL 32789**

**1896 KENTUCKY AVENUE
 WINTER PARK FL 32789-4529**



2. Principal Place of Business:

2a. Mailing Address:

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STONE, STEPHEN M
 725 N. MAGNOLIA AVENUE
 ORLANDO FL 32803**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1996

4. FEI Number

Applied For
 Not Applicable

59-3365511

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. 193.032,
 Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0407 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person in Block 12 or Block 13 (if applicable)

Printed Name and Address of person in Block 12 or Block 13 (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Clifton M. Meyer	
STREET ADDRESS	1896 Kentucky Ave.	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Jeffrey T. Meyer	
STREET ADDRESS	200 Occopada Cir. #103	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Mark R. Lee	
STREET ADDRESS	28850 Beaudaire Dr.	
CITY-ST-ZIP	Tavares, FL 32780	
TITLE	Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Alicia M. Lee	
STREET ADDRESS	28850 Beaudaire Dr.	
CITY-ST-ZIP	Tavares, FL 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

Alicia M. Lee

3-3-97 407-638-8566

CR2E034 (9/96)