

**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 # **245631** (7)  
1. Corporation Name  
**NADER CONSTRUCTION CO INC**



Principal Place of Business: **922 W MICHIGAN ST ORLANDO FL 32805**  
Mailing Address: **922 W MICHIGAN ST ORLANDO FL 32805**

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/16/1961**  
3a. Date of Last Report: **03/13/1995**  
4. FEI Number: **59-0939846**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **NADER, DOROTHY V. 922 W. MICHIGAN ST ORLANDO, FL ORLANDO FL 32805**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 that applicable (81-85) Name, Address, City, and Zip Code of New Registered Agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, SHIRLEY V.	1.2 NAME	
STREET ADDRESS	922 W MICHIGAN ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADER, GEORGE M	2.2 NAME	
STREET ADDRESS	922 W MICHIGAN ST	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 00000	2.4 CITY- ST- ZIP	
TITLE	PDAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADER, DOROTHY V	3.2 NAME	
STREET ADDRESS	922 W MICHIGAN ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO, FL 00000	3.4 CITY- ST- ZIP	
TITLE	VPAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADER, MICHAEL A.	4.2 NAME	
STREET ADDRESS	922 W. MICHIGAN ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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.

SIGNATURE: *Shirley V. Sorensen*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 407-843-3850  
Date Daytime Phone

CR2E034 (12/95)