

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **569318** (9)

1. Corporation Name

**DUBECK CONSTRUCTION, INC.**



Principal Place of Business	Mailing Address
1001 W. CYPRESS CREEK RD. SUITE #306G FT. LAUDERDALE FL 33309	1001 W. CYPRESS CREEK RD. SUITE #306G FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified <b>04/20/1978</b>	3a. Date of Last Report <b>04/11/1995</b>
4. FEI Number <b>59-1823808</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip Country	28 Zip Country
25	29

**9. Name and Address of Current Registered Agent**

**POLITIS, JOHN**  
1001 W. CYPRESS CREEK ROAD  
SUITE #306G  
FT. LAUDERDALE FL 33309

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>POLITIS, JOHN</b>	
STREET ADDRESS	<b>1001 W CYPRESS CREEK RD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>RECALDE, SANDRA M.</b>	
STREET ADDRESS	<b>1001 W. CYPRESS CREEK RD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	<b>POLITIS, JAMES</b>	
STREET ADDRESS	<b>1001 W. CYPRESS CREEK RD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>POLITIS, AMANDA</b>	
STREET ADDRESS	<b>1001 W CYPRESS CREEK ROAD #306G</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SECRETARY</b>
2.3 STREET ADDRESS	<b>1001 W. Cypress Creek Rd, 306G</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in 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, unchanged, or on an attachment with an address.

SIGNATURE: *John Politis* **John Politis, President** 4/26/96 (305)491-2644

CR2E034 (12/95)