FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. M⊄rtham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

1. Corporation Name

Principal Place of Business

BERTRAM, PAUL

ORLANDO FL

ORLANDO FL

CORRAD, PAUL

8300 GRANADA BLD

4522 CLARCONA, OCOER RD

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Mailing Address

GREATER ORLANDO CHAPTER OF THE CONSTRUCTION SPEC IFICATIONS INSITUTE, INC.

P.O. BOX 94081 MAITLAND FL 3		P.O. BOX 940813 MAITLAND FL 32794-0813 US					
US		us			 Date Incorporated or Qualified 08/24/1977 	3a. Date of Last Report 03/14/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26			59-3036432	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
i City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip			Country		8. This corporation has liability for it		
24	25		30			Yes No	
9. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered Agent		
			81	Name			
BALES, JAMES 341 N. MAITLAND AVE.			82	Street A	t Address (P.O. Box Number is Not Acceptable)		
SUITE 130			83	<u> </u>			
MAITLAND FL 32751					·		
ANTIBUTO I C OCIO			84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617.0503, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registe				gistered Agent signature required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		P	Change Addition	
NAME	RAY, ANDREW\		1.2 NAME		PAUL BERTRAM 4522 CLARCONA GLOSE RD, # 100		
STREET ADDRESS	IEET ADDRESS 1418 E KALEY		1.3 STREET ADDRESS 4		4255 CLARCONA ESCO.	22, 4100	
CITY-ST-ZIP	ST-ZIP ORLANDO FL 1.4		1.4 CITY - S	ST-ZIP	ORLANDO, FL 32810		
THTLE	VP \	≥ DELET E	2.1 TITLE		VP	Change Addition	
NAME	LONG, GUY \		2.2 NAME		PAT HONG 341 N MAITLAND AVE, SUITE 130		
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP				ST-ZIP	MAITLAND, FL 32751		
TITLE	8	DELETE .	3.1 TITLE		\$.	Change Addition	
NAME	ME GOODMAN, JOHN \				JOHN GRAHAM		
· · · · · · · · · · · · · · · · · · ·			3.3 STREET	ADORESS	JOHN GRAHAM 5868 TONA DR		
CITY-ST-ZIP	1.000.000.000.000			ST-ZIP	ORLANDO, FL 32822		
TITLE	†	≥ 10ELETE	4.1 TITLE		T	Change Addition	
NAME	COOPER, JAY	(4. 2 NAME		BRUCE GARROTT		
STREET ADDRESS	333 N KNOWLES AVE		4.3 STREET	ADDRESS	1210-105 LB MCLE	od Rd	
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY - S		DRIANDO, FL 32805		
TITLE	D THILLETT FOOT) E	⋈ DELETE	5.1 TITLE		N	Change 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)(i), 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 compiration or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 of Block appears in Block 12 or Block 13 if anged, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAMCOOD NHOL

LIGHT

HEATHROW

ORLANDO, FL

120 INTIRNATIONAL PHWY, SUITE 220

32801

225 E ROBINSON ST, STE 405

✓ Change

407-647-1706

4/27/97

Jul 01 1997 8:00am

Secretary of State