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 # **F41299** **(1)**

1. Corporation Name
TABORELLI CONSTRUCTION, INC.

Principal Place of Business
~~1315 E 5TH AVE. 33605~~
P.O BOX 82862 33682
TAMPA FL 33605-5019

Mailing Address
~~1315 E 5TH AVE. 33605~~
P.O BOX 82862 33682
TAMPA FL 33605-5019

3. Date Incorporated or Qualified: **08/20/1981**
3a. Date of Last Report: **07/25/1995**
4. FEI Number: **59-2133511** [ ] Applied For [ ] Not Applicable
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. The corporation is a publicly traded corporation as defined in s. 607.0901, Florida Statutes? [ ] Yes [ ] No

2. Principal Place of Business
21 15405 Lake Magdalene Blvd.
Suite, Apt. #, etc.
22 —
City & State
23 Tampa, Fl
Zip 24 33613 County 25 Hillsborough

2a. Mailing Address
26 P.O. Box 82862
Suite, Apt. #, etc.
27 —
City & State
28 Tampa, Fl
Zip 29 33682 Country 30 Hillsborough

9. Name and Address of Current Registered Agent
TABORELLI, KIM
15405 LAKE MAGDALENE BLVD.
TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 617.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	TABORELLI, KIM	
STREET ADDRESS	15405 LAKE MAGDALENE BLV	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VSD	[ ] DELETE
NAME	TABORELLI, SUZETTE	
STREET ADDRESS	15405 LAKE MAGDALENE BLV	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] Change	[ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied on this report is true and correct to the best of my knowledge and belief, subject to the penalties imposed by Section 817.155, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct in all respects, and that my signature has 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 is correct if not changed, and with an address.

SIGNATURE: Suzette Taborelli 3/27/96 (813) 225-0870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
SUZETTE TABORELLI

CR2E034 (12/95)