FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G32661

(2)

SURE CONST. INC.

Principal Place of Business

Mailing Address

FILED Jun 17 1997 8:00am Secretary of State



1187 DAL MASO DRIVE DAYTONA BEACH FL 32117-4109			1187 DAL MASO DRIVE DAYTONA BEACH FL 32117-4109								
								Date Incorporated or Qualified 04/12/1983		ate of Last 16/1996	Report
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number 59-2286437			pplied For
Suite, Apt.	# etc		Suito, Apt. #, etc.					38-2200437			(ot Applicable Additional
22	n, 010.	} - 1	27				5.	Certificate of Status Desired		,	Additional Required
City & Sta	le		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 intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					s. 199.032,
24	25 Name and Addre	29 See of Current Regist	ered Agent	30			<u> </u>	Florida Statutes Name and Address of New Re			
AI F	REDSON, DALE J.	oo o, oanon nogis.	or our regions	81	I Na	ame		Traine die Mande di Mari	g.o.o.o.	18011	
	7 DAL MASO DR.										
	TONA BCH. FL 3211		82	82 Street Address (P.O. Box Number is Not Accepted				olej			
				83	3					***************************************	
				84	l Ci					0.F 7.0	Code
				6.	• 0	ιy			FL	. 85 Zip	Code
office or a	to the provisions of Sect registered agent, or both am familiar with, and acc	, in the State of Florid	 Such charige was 	s authorized b	y the	med corp corporal	poration tion's be	i submits this statement for the poard of directors. I hereby acce	ourpose of pt the app	changing ointment a:	its registered s registered
	am ianililar with, and acc	ept ind bollgations of,	Section 607.0505, 1	FIORICIA STATUIT	38.						
SIGNATURE	Signature, typod or printed name	ol registered agent and title i	fapplicable. (N	OTE Registered A	gent sig	nature requ	red when I	renstating)	DATE		
12.		FFICERS AND DIREC	TORS	13.			Α	DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
TITLE	PD	•	☐ DELFTE	1.1 THLE						☐ Change	Addition
NAME	ALFREDSON, DALE			1.2 NAME							
STREET ADDRESS	1187 DAL MASO D DAYTONA BEACH			1.3 STREE	T ADDE	RESS					
CITY-ST-ZIP	DATTONA BEACH	<u> </u>	DELETE	1.4 CITY -	S1 - ZIP	<u> </u>				T Charact	Addition
TITLE			ן) מנננונ	2.1 T(1) LE		ŀ				L Change	LI MUBIRO
NAME OTRECT ADDRESS				2.2 NAME							
STREET ADDRESS				2.3 STREE		- 1					
CITY+ST-ZIP TITLE			DELETE	2. 4 CITY 3.1 THE	-51-71					Change	Addition
NAME	}			3.2 NAME							
STREET ADDRESS	1			3.3 \$1RE8		RESS					
CITY-ST-ZIP				3.4. Cl1Y	- ST - 211	,					
TITLE			DELETE	4.1 THLE						Change	Addition
NAME				4. 2 NAMI							
STREET ADDRESS				4.3 STREE	1 ADDE	RESS					
CITY-ST-ZIP				4.4 CITY-	\$1-7IF				.		
TITLE			☐ DELETE	5.1 TOLE						Change	Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREE							
CITY-ST-ZIP			DELETE	5 4 CITY-	ST-ZIF					Char	Addition
TITLE			DELETE	6111116						L Change	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREE		- 1					
CITY-ST-ZIP	L			6.4 CITY -	\$1 - ZIF						

14. I do hereby certify that the information supplied with this filling 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 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.

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1-11-91

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