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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

**DOCUMENT #** J07513

(1)

CITA	CONCTRI	ICTION	CODDODATE	OΝ
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Principal Place	of Business	Mailing Address					•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •
			2226 KENNILWORTH AVE. SOUTH DAYTONA FL 32118-2710						
						3. Date Incorporated or Qualified 04/03/1986	3a. Date (	of Last R 4/21/1	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<del>-1</del>		Applied For
21	W. • 1944 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26				59-2667380			Not Applicable
Surte, Apt.	The second secon	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	•	City & State				6. Election Campaign Financing	$\Box$	-	O May Be
23	Country	700	Cour	24-24		Trust Fund Contribution			d to Fees
2(p) <b>24</b> ]	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			
574	9. Name and Address of Cur		1301			10. Name and Address of New R		pent	
				81	Name				
SITA, RICK			Ē	62	Street Addr	t Address (P.O. Box Number is Not Acceptable)			
2226 KENNILWORTH AVE. SOUTH DAYTONA FL 32019			-	83					
			-	84	City	<u> </u>	FL	85 Zij	o Code
11 Pure card t	o the provisions of Sections 607.0	502 and 607 1508 Florida Statu	tes the above		amed comor	ation submits this statement for the pur		oing ite r	egistered office
or register	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was authori	zed by the c	orpc	oration's boar	rd of directors. I hereby accept the appo	poso of original position of the original position original position original position original	egistered	agent. I am
SIGNATURE									
12.	Signature, typed or portled name of registered a	AND DIRECTORS	ICITE Registered.	Agent	t signature required	t wher reinstaling) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	ARS IN 12
TILLE	PD	DELETE	1, 1 T(	n F	·· <del>·</del> ··	ADDITIONS/CITANGES TO OFF		Change	Addition
NAME	SITA, RICK		1.2 NA					v	
STREET ADDRESS	2226 KENNILWORTH A	/F			ADDRESS				
City-St-ZiP	S DAYTONA FL	' <b>-</b>	1.4 01						
TIFLE		☐ DELETE	2 1 Ti					Change	☐ Addition
NAME			2 2 NA	ME					
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C/TY - \$! - 7/P			2 4 Ci1	Y- \$1	T-ZIP				
1iftE	1	☐ DELETE	3 1 11	TLE				Change	Addition
NAME			3 2 NA	ME					
STREET ACCRESS			33 87	REET	ADORESS				
City St-769			3.4 Ci1		T-ZIP				
TITLE	,	☐ DELETE	4.1 TI					Change	Addition
NAME			4.2 NA	ME					
STREET ACOURTSS			4351	REF1.	ADDRESS				
CITY+S1 7IP		F 57.5	4.4 CIT		T-2IP			0	
TITLE		DELETE	5 1 11					Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY S1 - ZIP		DELETE	5.4 CH		I-ZIP			Change	Addition
TITLE			6 1 10				L	vilange	L. Aportion
NAME COLOR APPROPRE			6.2 NA		4DDDCCC				
STREET ADDRESS					ADDRESS				
CHY-SI-ZIF		and the thin Films is not retained for	6 4 CII			or the exemption stated in Section 119.	07/2)/L\ Elad	da Ctatud	

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 12 if changed, or on an attachment with an address.

SIGNATURE:

904 718-0354 Deptime Proces