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

	MENT # J51589 T CONSTRUCTION INC.	(6)			
Principal Place of Business 376 BEACON ST TEQUESTA FL 33469		Mailing Address 376 BEACON \$T TEOUE\$TA FL 33469-3003		4 HEBISTE BEEK EINEN DIEBLIDISE SENT BIDIT BLOVE BIBIT BIDIT DEGLE IBBI	
US		US		3. Date incorporated or Qualified 01/13/1987	3a. Date of Last Report 07/15/1996
ê '		2e. Mailing Address 26		4. FEI Number 59-2808991	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
NUQUIST, RYAN S 81 Name AUGUIST RYAN					
2562 W INDIANTOWN RD #8				ddiess (P.O. Box Number is Not Acceptal	ole)
JUPITER FL 33458 376 BEACON > 1					
				·	
			84 City	TEQUESTA	FL 85 35469
11. Pursuant l office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	and 607.1508, Florida Statute of Florida. Such change was a ions of, Section 607.0505, Flo	es, the above-named uthorized by the corp rida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE		1.07			DAYE
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		Registered Agent signature	ADDITIONS/CHANGES TO OFFIC	
701.6	DP	DELETE	1.1 TIYLE		☐ Change ☐ Addition
NAME	NUQUIST, RYAN S		1.2 NAME		
STREET ADDRESS	376 BEACON ST		1.3 STREET ADDRESS		
CITY - ST - ZIP	TEQUESTA FL	- DELETE	1.4 CITY-ST-ZIP		[] Al
THTLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CHY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TIYLE		Change Addition
NAME I			3.2 NAME		· ·
STREET ADDIRESS			3.3 STREET ADDRESS		
City-St- DP			3.4. CITY-ST-ZIP		
THE		☐ DELETE	4.1 TITLE		Change Addition
NAME .			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY -ST - ZIF		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		Dittie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CrfY+ST-ZIP		E	5.4 CITY-ST-ZIP	•	
Tillé	4	☐ DELETE	6.1 mile		Change Addition
NAME	washing as		6.2 NAME		
STREET ADDRESS	1	The state of the s	6.3 STREET ADORESS		
CITY-SI-7IP			6.4 CITY-ST-ZIP	Carlos de Carlos	

SIGNATURE:

SHEQUIRED SIGNING OFFICER OR DIRECTOR

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 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 charged, or on an attachment with an address.

FILED

Apr 30 1997 8:00am

Secretary of State