Certified Rec

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Apr 21 1997 8:00am

Secretary of State

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CORPORATION ANNUAL REPORT 1997

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J74621 (0)							
	NERAL CONTRACTORS, IN	C.				8181	
Principal Place	e of Business	Mailing Address			T FEBLUR GUN TODAN BUDUD BUULU HIRBU ANDR	OTDIT BIBIT BESTE BIBIT BIBIT DIQIT IKBI	
11900 S.E. SHE 825 PARKWAY HOBE SOUND	ST#10	11900 S. E. SHELL AVENUE HOBE SOUND FL 33455-3409 US					
US					3. Date Incorporated or Qualified 05/27/1987	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address	<del></del> ;		4. FEI Number	Applied For	
21 11900	11900 S.E. Shell Avenue 26				59-2810987	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
Z <sub>I</sub> ρ	Sound, FL Country	28 Zip	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution  8. This corporation has liability for	Added to Fees	
24 33455		29	30	,		Tyes No	
 	9. Name and Address of Curren		1001		10. Name and Address of New Re		
GLA	DWIN, RANSOM F., III		81	Name			
11900 S.E. SHELL AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
HOE	BE SOUND FL 33455		83				
			10.	<b>'</b>		•	
			84	City		FL 85 Zip Code	
11, Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	ites, the abo	/e-named cor.	poration submits this statement for the	ourpose of changing its registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florida, Such change was ations of Section 607,0505.	authorized b	by the corpora	poration submits this statement for the pation's board of directors, I hereby acce	pt the appointment as registered	
SIGNATURE			1011000			Ţ	
	Signature typed or primed name of registered age			gent signature requ	ired when reinstating)	DATE	
12,	OFFICERS ANI	D DIRECTORS DELETE	13.	····	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12    Change	
TITLE NAME	ALABUMU BANGALE III		1.1 TITLE 1.2 NAME	\ \		PT CHRISTS TI VOORTON	
STHEET ADDRESS	11900 S. E. SHELL AVENUE			T ADDRESS		Į;	
C-TY-ST-ZIP	HOBE SOUND FL		1.4 CITY-	<b>\</b>		33455-3409	
111LE			2.1 TrTLE	-		Change Addition	
NAME	C. A PURE POST IN P		2.2 NAME			)	
STREET AUDRESS	5373 POINT LANE EAST		2 3 STREE	T ADDRESS			
CITY-ST-ZIP	JUPITER FL		2 4 CiTY	-SI-ZIP	· .	33458	
TITLE	ST	☐ DELETE	3.1 TITLE	l l		Change Addition	
NAME	BANNON, TERESA A.		3 2 NAME	1		<b>[</b>	
STREET ADDRESS	HIDDED EL		3	T ADDRESS		22/50 0100	
CITY - ST - ZIP TITLE	JUTHEN FL	DELETE 4.17		- ST- ZIP		33458-8132 ☐ Change ☐ Addition	
NAME			4.1 IVEE	)		annilla Fill League	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
THTLE		DELETE 5.1 T				Change Addition	
NAME:			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - S1 - ZIP			54 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	ì		Change Addition	
NAME			6.2 NAME	- 1			
STREET ADDRESS			6.3 STREE	T ADDRESS 1		ĭ	

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 reports 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 trasfee empowered to execute his 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/1./77

561-546-1500

0325732