## 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

DOCUMENT # J89933
1. Comporation Name

(2)

Principal Place of Business  1074 NE 35 ST. P.O. BOX 24873 OAKLAND PARK FL 3334 US  2. Principal Place of Business 3. Date Incorporated or Qualified 08/27/1987 07/03/1995 4. FEI Number Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be	MARK F	PIERSON CONSTRUCTIO	ON, INC.						
DAM AND PARK Ft. 3334   US	Principal Place of Business Mailing Address					I CONTROL CARE INVIOL INTO THE INVIOL INCOME.	MAN MININ MININ BANSA MIN	40 E1911 B1811 1881	
2.   Through Place of Pusitivers   2a   Malling Address   30,027 1987   37,027 1985   37,027 1985   37,027 1985   37,027 1985   37,027 1985   37,027 1985   37,027 1985   37,027 1985   37,027 1985   38,75	P.O. BOX 24873		OAKLAND PARK FL	OAKLAND PARK FL 33334					
2.			us	US		'   '   '   '   '   '   '   '   '   '	1		
Suito, Apil, a, oto   Suito, Apil, a, oto	2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	1	<del></del>	
Copy & State	21		26 Same	as ab	ove	59-2842823		Not Applicable	e
29	Suite, Apt. #	, etc.	L			5. Certificate of Status Desired			
20	City & State		k	City & State		6. Election Campaign Financing	\$5.	<b>00</b> May Be	
28	23			<del>-</del>			Auc		
PIERSON, MARK	F == 1	<b>├</b> -¬ '		j	•			s 199.032,	
PIERSON, MARK   1074 NE 35 ST.   0AKLAND FL 33334   82   Seriol Address (P.O. Box Number & Not Acceptable)	24			[30]					
PIERSON, MARK 1074 NE 35 ST.  OAKLAND FL 33334  14  15  15  15  16  16  16  17  17  18  18  18  18  18  18  18  18		9. Haine and Address of Cul	irent negistered Agent		81 Name	Id. Hallo allo Addiess of feet in	sgistorea Agont		-
1074 NE 35 ST.	DIEDOOL	1 MADV							
STATUTE					82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
1.   Function to the provisions of Sections 6,07 (5,002 and 6,002 and 6,					83				
Commonwealth   Comm							FL	·	
12	or registere	ed agent, or both, in the State of F	Florida. Such change was autho	orized by the	ove-named corpo corporation's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	pose of changing its pintment as register	s registered offield agent. I am	.ce
12	SIGNATURE			OKATE Daneta	id Acuta according to the	and whose required and	DATE		
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		_	<del></del>	1.21	NAME				*
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2   STREET ADDRESS   2   4   CHY-ST-ZIP			DELETE				☐ Chang	e 🔲 Addition	,
24 City - St - ZiP	NAME			22	NAME				
DELETE   3 1 TITLE   Change   Addition     MAME   32 NAME     STRELL ADDRESS   33 STRELL ADDRESS     DELETE   34 CITY - 51 - 21P     THE   DELETE   4 TITLE   Change   Addition     MAME   42 NAME     STREEL ADDRESS   43 STREET ADDRESS     CITY - 51 - 72P   44 CITY - 51 - 21P     TITLE   DELETE   5 1 TITLE   Change   Addition     NAME   52 NAME     STREEL ADDRESS   53 STREET ADDRESS     DELETE   51 TITLE   Change   Addition     NAME   52 NAME     STREEL ADDRESS   53 STREET ADDRESS     CITY - 51 - 72P   54 CITY - 51 - 21P     TITLE   Change   Addition     NAME   54 CITY - 51 - 21P     TITLE   Change   Addition     NAME   54 CITY - 51 - 21P     TITLE   Change   Addition     NAME   54 CITY - 51 - 21P     TITLE   Change   Addition     NAME   54 CITY - 51 - 21P     TITLE   Change   Addition     NAME   65 NAME     STREET ADDRESS   64 CITY - 51 - 21P     CHANGE   65 STREET ADDRESS     CITY - 51 - 74P   64 CITY - 51 - 74P	STREET AFORESS			23	STREET ADDRESS				
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CITY-ST-ZIP 64 CITY-ST-ZIP	1								
	STREET ADDRESS								
		a portify that the information are all	lied with this files is well interin-			for the exemption stated in Section 110	07(3)(k) Florida Sts	tutes i further	

19. To or nereby certify that the information supplied with this litting is vooritarily furnished and does not quality for the exemption stated in Suction 119.0/(3)(i), Profide Statutes. 110/floor 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.

SIGNATURE:

Mark Pierson 1/30/96 964-563-6167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR