## 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 # K39734** 

(4)

COLSON CONSTRUCTION CORPORATION Principal Place of Business Mailing Address P.O. BOX 50028 P.O. BOX 50028 LIGHTHOUSE POINT FL 33074 LIGHTHOUSE POINT FL 33074-0028 3. Date Incorporated or Qualified 3a. Date of Last Report 10/19/1988 06/21/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0130271 26 21 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Etection Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζıp Country 8. This corporation has liability for intangible tak under s. 199.032, Florida Statutes Yes 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIPNIS, ALAN ONE FINANCIAL PLAZA #2308 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33394 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered off-ce or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Typed or prefed hank, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE SECTETARY Change Addition 1.1 TITLE TILLE GIEN COLSOY COLSON, EDWARD M CR2E034 NAME 1.2 NAME 2422 Timbercreek Circle, N.W. P.O. BOX 50028 N/A STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE POINT FL 33074 C-TY - 5" - 719 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP 0/17 - \$1 - 7/P DELETE Change Addition III:E 3.1 TITLE 400002168884---7 -05/07/97--01005--018 \*\*\*\*165.00 \*\*\*\*165.00 3.2 NAME NAM: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP C TY - \$1 - 7/P DELETE Change 4.1 TITLE 11°LE MAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CATY+ ST - ZIE 4.4 CITY-ST-2IP DELETE Change Addition 5.1 TITLE THEF NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 

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 of the eceiver 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 champers attachment with an address.

5 4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME **6.3 STREET ADDRESS** 

DELETE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

COY-ST-7IP

STREE! ADDRESS

CITY-ST ZIE

THLE NAME

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAY -1 AM 9: 02

Change

Addition