FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthant

Secretary of State
DIVISION OF CORPORATIONS

•	1997	DIVISION OF C	ORPORATIONS		
1	MENT # L48526 CONSTRUCTION, INC.	(2)			!
Procinal Place	of Rusiness	Mailing Address			1
Principal Place of Business C/O JEFFREY R. EISENSMITH, P.A. ONE FINANCIAL PLAZA, STE. 1610		C/O JEFFREY R. EISENSMITH. P.A. ONE FINANCIAL PLAZA, STE. 1610			
FT. LAUDERDA	LE FL 33394	FT. LAUDERDALE FL 3339	4-1610		Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0192930	Applied For Not Applicable
Suite, Apt :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intengib	e tax under s. 199.032,
24	25 9. Name and Address of Curren		30	Florida Statutes Yes 10. Name and Address of New Registered	No No
		t Hogistorou Agent	81 Name	To. Harte and Adolber of Host Hogistere	- Agoin
ONE CHANCIAL PLAZA				ress (P.O. Box Number is Not Acceptable)	
SUITE 1610			83	less (1.0. Box Harriber is Not Acceptable)	
FT.	LAUDERDALE FL 33394				
•			84 City	F:	85 Zip Code
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 office 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 targetyr with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	m taming with, and accept the obligation	ations of, Section 607.0505, Flo	rida Statutes.	3-7	9-97
SIGNATURE	Signature, typed or punted name of registered age	nt and title it applicable (NOTE	: Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	·····
TIFLE	D Embick, scott	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	4420 PETERS RD.		1.2 NAME 1.3 STREET ADDRESS		į
CITY-SE-ZiP	PLANTATION FL		1.4 City-St-Zip		
TITLE	P	☐ DELETE	2.1 TITLE		Change Addition
NAME	BUDOSKI, PAUL		2.2 NAME		
STREET ADDRESS	4420 PETERS RD.		2.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33317	☐ DELETE	2 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME			31 TITLE 32 NAME	12 A	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-51-ZIF		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		C precir	5.2 NAME		T average T Ventricul
STREET ADDRESS			5.3 STREET ADDRESS		
CrTY-ST-ZIP			5.4 CITY-ST-ZIP	·	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. Ldo herek	by certify that the information supplies	d with this bling does not qualif	v for the exemption states	d in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the
informatio	n indicated on this annual report or s	supplemental annual report is to the receiver or trustee empow	rue and accurate and that ered to execute this repo	t my signature shall have the same legal effect rt as required by Chapter 607, Florida Statutes;	as if made under oath; that

SIGNATURE:

IGNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3-29.97 964.791-767

FILED

Apr 29 1997 8:00am

Secretary of State