

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
95 AUG -8 AM 4:23

DOCUMENT # L50764 (4)

1. Corporation Name
DEL VERA CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address
10621 N. TAMiami TRAIL N. FT. MYERS FL 33903 **10621 N. TAMiami TRAIL N. FT. MYERS FL 33903**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/16/1990** 3a. Date of Last Report **04/20/1994**
 4. FEI Number **65-0175854** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under s. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
WAGLE, HAROLD H.
18551 N. TAMiami TRAIL
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KANAVOS, PAUL C.
STREET ADDRESS	18621 N. TAMiami TRAIL
CITY - ST - ZIP	N. FT. MYERS FL
TITLE	D
NAME	KANAVOS, PETER J.
STREET ADDRESS	18621 N. TAMiami TRAIL
CITY - ST - ZIP	N. FT. MYERS FL
TITLE	V
NAME	WAGLE, HAROLD H.
STREET ADDRESS	18621 N. TAMiami TRAIL
CITY - ST - ZIP	N FORT MYERS FL
TITLE	ST
NAME	PETERS, ROBERT G
STREET ADDRESS	18621 N TAMiami TRAIL
CITY - ST - ZIP	N. FT. MYERS FL
TITLE	PD
NAME	BURGESSON, RICHARD
STREET ADDRESS	10621 N. TAMiami TRAIL
CITY - ST - ZIP	N. FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK D. KANAVOS
1.3 STREET ADDRESS	18621 N. TAMiami TRAIL
1.4 CITY - ST - ZIP	N. FT. MYERS, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 11B.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold H. Wagle* 6/6/95 941-731-4123
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE DAYTIME TELEPHONE

CP2E034 (3/95)