

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

FILED

**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L50764 (4)
1. Corporation Name
DEL VERA CONSTRUCTION CORPORATION



Principal Place of Business 18621 N. TAMiami TRAIL N. FT. MYERS FL 33903	Mailing Address 18621 N. TAMiami TRAIL N. FT. MYERS FL 33903-1908
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3. Date Incorporated or Qualified 02/16/1990	3a. Date of Last Report 03/13/1996
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2. Principal Place of Business 21 18551 N. Tamiami Trail	2a. Mailing Address 26 18551 No. Tamiami Trail	4. FEI Number 65-0175854	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 No. Ft. Myers, FL	City & State 28 No. Ft. Myers, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33903	Country 25 Lee	Zip 29 33903	Country 30 Lee

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WAGLE, HAROLD H. 18551 N. TAMiami TRAIL 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
85 Zip Code	FL		

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]* DATE: **4/28/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KANAVOS, PAUL C.		1.2 NAME	
STREET ADDRESS 18621 N. TAMiami TRAIL		1.3 STREET ADDRESS 18551 No. Tamiami Trail	
CITY-ST-ZIP N. FT. MYERS FL		1.4 CITY-ST-ZIP No. Ft. Myers, FL 33903	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KANAVOS, PETER J.		2.2 NAME	
STREET ADDRESS 18621 N. TAMiami TRAIL		2.3 STREET ADDRESS 18551 No. Tamiami Trail	
CITY-ST-ZIP N. FT. MYERS FL		2.4 CITY-ST-ZIP No. Ft. Myers, FL 33903	
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAGLE, HAROLD H.		3.2 NAME	
STREET ADDRESS 18621 N. TAMiami TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP N FORT MYERS FL		3.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERS, ROBERT G		4.2 NAME	
STREET ADDRESS 18621 N TAMiami TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP N. FT. MYERS FL		4.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KANAVOS, MARK D		5.2 NAME	
STREET ADDRESS 18621 N TAMiami TRAIL		5.3 STREET ADDRESS 18551 No. Tamiami Trail	
CITY-ST-ZIP N FORT MYERS FL		5.4 CITY-ST-ZIP No. Ft. Myers, FL 33903	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** DATE: **4/28/97** DAYTIME PHONE: **941-731-2700**

CR2E034 (9/96)