

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M60353** (3)

1. Corporation Name
SCHARNAGL CONSTRUCTION, INC.



Principal Place of Business: % JOHN T. SCHARNAGL, 14130 S.W. 99 CT., MIAMI FL 33176
 Mailing Address: % JOHN T. SCHARNAGL, 14130 S.W. 99 CT., MIAMI FL 33176

3. Date Incorporated or Qualified: 10/07/1987
 3a. Date of Last Report: 04/11/1995
 4. FEI Number: 65-0008354
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 SCHARNAGL CONSTRUCTION, INC., Suite, Apt. #, etc.: 22 10755 SW 190 ST. BAY 54, City & State: 23 MIAMI, FL, Zip: 24 33157, Country: 25
 2a. Mailing Address: 26 SCHARNAGL CONSTRUCTION, INC., Suite, Apt. #, etc.: 27 10755 SW 190 ST. BAY 54, City & State: 28 MIAMI, FL, Zip: 29 33157, Country: 30

9. Name and Address of Current Registered Agent: SCHARNAGL, JOHN T., 14130 S.W. 99 CT., MIAMI FL 33176
 10. Name and Address of New Registered Agent: 81 Name: JOHN T. SCHARNAGL, 82 Street Address (P.O. Box Number is Not Acceptable): 10755 SW 190 ST., 83 BAY 54, 84 City: MIAMI, FL, 85 Zip Code: 33157

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: ROBERT B. SCHARNAGL, Signature of person authorized to register agent for the corporation: Robert B. Scharnagl Pres., 2-22-96, Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|-----------------------------------|--|--|
| 12.1 TITLE: PD | 12.2 NAME: SCHARNAGL, ROBERT | 13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12.3 STREET ADDRESS: 13001 S.W. 106 ST. | 12.4 CITY-STATE-ZIP: MIAMI FL | 13.2 NAME: | |
| 12.5 TITLE: V | 12.6 NAME: SCHARNAGL, TIMOTHY | 13.3 STREET ADDRESS: | |
| 12.7 STREET ADDRESS: 28105 S.W. 168TH CT. | 12.8 CITY-STATE-ZIP: HOMESTEAD FL | 13.4 CITY-STATE-ZIP: | |
| 12.9 TITLE: ST | 12.10 NAME: SCHARNAGL, JOHN T. | 13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12.11 STREET ADDRESS: 14130 S.W. 99 CT. | 12.12 CITY-STATE-ZIP: MIAMI FL | 13.6 NAME: | |
| 12.13 TITLE: <input type="checkbox"/> DELETE | | 13.7 STREET ADDRESS: | |
| 12.14 NAME: | | 13.8 CITY-STATE-ZIP: | |
| 12.15 STREET ADDRESS: | | 13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12.16 CITY-STATE-ZIP: | | 13.10 NAME: | |
| 12.17 TITLE: <input type="checkbox"/> DELETE | | 13.11 STREET ADDRESS: | |
| 12.18 NAME: | | 13.12 CITY-STATE-ZIP: | |
| 12.19 STREET ADDRESS: | | 13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12.20 CITY-STATE-ZIP: | | 13.14 NAME: | |
| | | 13.15 STREET ADDRESS: | |
| | | 13.16 CITY-STATE-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 119.07(3)(k), 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: Robert Scharnagl, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT SCHARNAGL - Pres., 2-22-96, Date: (305) 235-8174, Telephone Prefix

CR2E034 (12/95)