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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P93000036186 (3)

AREDODOMRIE	& WITTENBERG	CONSTRUCTION INC.

Principal Place o	of Business		1		
Principal Place of Business Mailing Address  337-G PARQUE P. O. BOX 2996					
ORMOND BEA		ORMOND BEACH FL 32175 US			
US				3. Date Incorporated or Qualified 05/20/1993	3a. Date of Last Report 07/21/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3185678	Not Applicable
Suite, Apt #	. etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Ca + 9 Stote		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032.
24	25	29	30		No No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name		
	OMBIE, RICK J		82 Street Ad	ldress (P.O. Box Number is Not Acceptal	ole)
337-G P/			83		
ORMONI	D BEACH FL 32174		65		
			84 City		FL 85 Zip Code
	007.0500	10024500 Finish Con A	ne the ebs is period see	poration submits this statement for the pu	I I
familiar with SIGNATURE	or agent, or point, in the state of riches, and accept the obligations of. Sections of sections are also because the state of the state	on 607.0505, Florida Statutes	OIL Register April Squartire top	ocard of directors. Thereby accept the app	DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.110/LE		Change Addition
NAME	ABERCROMBIE, RICKY J		1.2 NAME		
STREET ADDRESS	395 ATLANTIC AVE. APT. 601		13 STHEET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 CITY - ST. ZIP		
TITLE	STD	DELETE	2 1 TiTLE		Change Addition
NAME	WITTENBERG, RUSSELL P		2.2 NAME		
STREET ADDRESS	270 SANCHEZ AVE.		2.3 STREET ADDRESS		
CITY - ST- ZIP	ORMOND BEACH FL		24 CITY - ST - ZIP		
TITLE	V	☐ DELFIE	3 1 TiflE		☐ Change ☐ Addition
NAME	WEST, EDWARD W.		3.2 NAME		
STREET ADDRESS	27 CHOCTAW		3.3 STREET ADDRESS		
CITY - ST - ZIP	ORMOND BCH. FL	FT DU LIE	3.4 CITY - ST - 7F		Change Addition
TITLE		DELETE	4 1 TIFLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4.CHY+ST+ZIP - 5.1.1 TH		Change Addition
TITLE			5 2 NAME		
NAME STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY S1 - ZIP		
TITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME		_	62 NAME		
			6 3 STREET ADDRESS		
r.Tv CT 7:0			6.4 CUTY - ST - 7/P		
certify that	i kan information indicated on thic annu	al report or supplemental an ration or the receiver or trust	ek City-St-ZiP nished and does not quali nual report is true and acc ee empowered to execute	fy for the exemption stated in Section 11 urrate and that my signature shall have the this report as required by Chapter 637, I	e same legal enect as il mage uno

SIGNATURE: SIGNATURE OF TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

5-1-96 904-673-6100

- CARDINER I DE CHARA SANA COM REGIS COM CONTRA SIND CINE DE LA COMPANION DE LA COMPANION DE LA COMPANION DE L

CR2E034 (12/95)