

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

FILED

**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000063809 (3)
1. Corporation Name
NORTH COUNTY CONST. CO. INC.



Principal Place of Business
**2225 131ST AVE E#1807
TAMPA FL 33612**

Mailing Address
**2225 131ST AVE E#1807
TAMPA FL 33612-4671**

3. Date Incorporated or Qualified
07/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 **15215 Livingston Ave**
Suite, Apt. #, etc. **Apt 82**
City & State **Lutz FL**
Zip **33549** Country **Hillsboro**

22 **Apt 82**

23 **Lutz FL**

24 **33549** 25 **Hillsboro**

26 **15215 Livingston Ave**
Suite, Apt. #, etc. **Apt. 82**
City & State **Lutz FL**
Zip **33549** Country **Hillsboro**

27 **Apt. 82**

28 **Lutz FL**

29 **33549** 30 **Hillsboro**

4. FEI Number
050404071

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**GOMES, DOMINGOS
2225 131ST AVE E#1807
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name **Gomes Domingos**

82 Street Address (P.O. Box Number is Not Acceptable)
15215 Livingston Ave

83 **Apt 82**

84 City **Lutz** FL 85 Zip Code **33549**

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 **Domingos Gomes** **March 27 1997**
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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P-V-T-S Domingos Gomes
1.3 STREET ADDRESS	15215 Livingston Ave # 82
1.4 CITY-ST-ZIP	Lutz FL 33549
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (9/96)