

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

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**Jun 05 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 # S86958 (3)

1. Corporation Name
YOVAISH CONSTRUCTION SERVICES, INC.



Principal Place of Business 129 GENEVIEVE DR ALTAMONTE SPRINGS FL 32701	Mailing Address 129 GENEVIEVE DR ALTAMONTE SPRINGS FL 32701-4319
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3. Date Incorporated or Qualified 10/14/1991	3a. Date of Last Report 03/05/1996
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21. Principal Place of Business 970 SUNSHINE LAKE	22a. Mailing Address 970 SUNSHINE LAKE
22. Suite, Apt. #, etc. SUITE K	22b. Suite, Apt. #, etc. SUITE K
23. City & State ALTAMONTE SPRINGS, FL	23a. City & State ALTAMONTE SPRINGS, FL
24. Zip 32714	24a. Zip 32714
25. Country USA	25a. Country USA

4. FEI Number 59-3087835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**YOVAISH, DAVID V.
129 GENEVIEVE DR
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81. Name
YOVAISH, DAVID V.

82. Street Address (P.O. Box Number is Not Acceptable)
970 SUNSHINE LAKE, SUITE K

83. City
ALTAMONTE SPRINGS

84. State
FL

85. Zip Code
32714

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 **DAVID V. YOVAISH, PRESIDENT**
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	<input type="checkbox"/> DELETE
NAME YOVAISH, DAVID V.	
STREET ADDRESS 129 GENEVIEVE DR	
CITY-ST-ZIP ALTAMONTE SPRINGS FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME YOVAISH, BRENDA L	
STREET ADDRESS 129 GENEVIEVE DR	
CITY-ST-ZIP ALTAMONTE SPRGS FL	
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 D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 970 SUNSHINE LAKE, SUITE K	
1.3 STREET ADDRESS ALTAMONTE SPRINGS, FL	
1.4 CITY-ST-ZIP 32714	
2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 970 SUNSHINE LAKE, SUITE K	
2.3 STREET ADDRESS ALTAMONTE SPRINGS, FL	
2.4 CITY-ST-ZIP 32714	
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, changed, or on an attachment, with an address.

SIGNATURE **DAVID V. YOVAISH, PRESIDENT** (NOTE: Registered Agent signature required when reinstating) DATE **6-5-97**

CR2E034 (9/96)