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	60 15	
DOCUMENT #	V4284	

(0)

1. Corporation Name

SAL'S CONSTRUCTION, INC.							
Principal Place of Business Mailing Address 10227 NW 53 ST 10227 NW 53 ST SUNRISE FL 33351 SUNRISE FL 33351 US US					- I SOOM BANDAN DIDIG HOURI DIDIG HANDI DIDI BIRDI BIRDI DIDIA DIDIA DIDIA BIRDI BIR		
<u></u>					 Date Incorporated or Qualified 06/11/1992 	3a. Date of Last Report 04/18/1995	
2. Principal Pla ≥1	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0343417	Applied For Not Applicable	
Suite, Apt. # 2]	, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ 4]	Co _\ intry 25	Zip 29	Country 30	1	8. This corporation has liability for in	ntangible tax under s 199.032,	
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New R	egistered Agent	
116			81	Name			
HOFFMAN, STEPHEN V. 2750 N. FEDERAL HWY.			82	Street Add	ress (P.O. Box Number is Not Acceptable	le)	
FT. LAU	DERDALE FL 33325		83				
			84	City		85 Zip Code	
SIGNATURE	ilgratum, by ed or printed name of registered as OFFICERS A	cont and title Lapphicable (NO NND DIRECTORS	TE: Registered Ager 13. 1.1 TITLE	N signature /ei julre	d when reinstating) ADDITIONS/CHANGES TO OFFI		
NAME STREET ADDRESS DITY - ST - ZIP	CACCAMO, LAURA 10227 NW 53 ST SUNRISE FL	<u> </u>	1.2 NAME 1.3 STREET 1.4 City - S	!		☐ Change ☐ Addition	
THE SAME STREET ADDRESS CITY-ST-ZIP	D CACCAMO, SAL 11350 NW 21 CT. PLANTATION FL	DELETE	2 1 TITLE 2 2 NAME 2 3 STREET	ADDRESS		☐ Change ☐ Addition	
TRUE	8	☐ DELETE	24 CHY+5 3 1 THLE	1-21		Change Addition	
IAME STREET ADDRESS	JONELL, CONNIE 6273 NW 27TH ST.		3.2 NAME 3.3 STAFE	ADDRESS		E comp	
DIY-SI-ZIP DILE	MARGATE FL 33063	☐ DELETE	3.4 CITY-S	1-ZIP			
IAME			4.1 TITLE 4.2 NAME			Change Addition	
DITY - \$1 - ZIP			4.3 STREET				
IJLF IAME		☐ DELETE	4.4 City-S 5.1 Title	F-ZIP	70000174 -03/13/96010	Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET		-03/13/96010 ***200.00	33- - 004	
IIII-SI-ZIP		DELETE	5 4 CITY - S 6 1 TITLE	I - ZIP		☐ Change ⚠ ☐ Addition	
vAME		hand secured	62 NAME			The second of th	
STREET ADDRESS			63 STREET	ADDRESS		"IN W	
CITY - ST - ZIF			64 CITY-S	T-7IP		(M.11)	
oath; that f	HE INDICAMON NOCESCA DO DAS AC	nual report or supplemental annu poration or the receiver or truster	ual report is tru e empowered t	e and pooring	or the exemption stated in Section 119.0 te and that my signature shall have the s s report as required by Chapter 607, Flo	rama land affast as Marshall fister	

SIGNATURE: _

SIGNATURE AND TYPED OR

TYME SECRETARY
PLYTED NAME OF BIGNING OFFICER OR DIRECTOR

2/6/96

749-2480