

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

BCC

DOCUMENT # **P21170** (6)

1. Corporation Name
BETHLEHEM CONSTRUCTION CORP.



Principal Place of Business: **PINNACLE PLACE SUITE 200 ALBANY NY 12203-0409 US**
Mailing Address: **PINNACLE PLACE SUITE 200 ALBANY NY 12203-3409 US**

3. Date Incorporated or Qualified: **10/04/1988**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business (21) State, Apt. #, etc.:
22 City & State:
23 Zip: Country:
24

2a. Mailing Address (26) State, Apt. #, etc.:
27 City & State:
28 Zip: Country:
29

4. FEI Number: **14-1575962**
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLANIN, V.M.
11215 METRO PARKWAY
FT MYERS FL 33912**

81 Name: **V.M. WOLANIN**
82 Street Address (P.O. Box Number is Not Acceptable): **B. HILLMYER LAW OFFICE**
83 **2135 COTTAGE ST.**
84 City: **FT MYERS** FL 85 Zip Code: **33902**

11. Pursuant to the provisions of Sections 607.0132 and 607.1509, 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: *V.M. Wolanin*

2-12-96

Signature of current registered agent (to be filled in only if applicable) (Date)

(Date) Signature of Agent submitting (to be filled when registering)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLANIN, VINCENT M.	12 NAME	
STREET ADDRESS	BOX 1515	13 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL ISLAND FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLANIN, GREGORY M.	22 NAME	
STREET ADDRESS	PINNACLE PLACE SUITE 200	23 STREET ADDRESS	
CITY - ST - ZIP	ALBANY NY	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLANIN, JULIA	32 NAME	
STREET ADDRESS	PINNACLE PLACE SUITE 200	33 STREET ADDRESS	
CITY - ST - ZIP	ALBANY NY	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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:

Vincent M. Wolanin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96
Date

518 489-3276
Daytime Phone

CR2E034 (12/95)