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Mar 04 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 # 450600 (2)
1. Corporation Name:
KRAFT CONSTRUCTION COMPANY, INC.



Principal Place of Business: 2606 S. HORSESHOE DRIVE NAPLES FL 33942 -
Mailing Address: 2606 S. HORSESHOE DRIVE NAPLES FL 34104-6121

3. Date Incorporated or Qualified: 04/18/1974
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-1530885
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: CARSELLO, ROBERT L. 2606 S. HORSESHOE DRIVE NAPLES FL 33942
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: CARSELLO, ROBERT L. STREET ADDRESS: 5948 CHANTECLAIR DR. CITY-ST-ZIP: NAPLES FL 01	1.1 TITLE: Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: CARSELLO, MARY J STREET ADDRESS: 5948 CHANTECLAIR DR. CITY-ST-ZIP: NAPLES FL	1.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	NAME: PEZESHKAN, FARHAD STREET ADDRESS: P.O. BOX 10708-NA CITY-ST-ZIP: NAPLES FL	1.3 STREET ADDRESS: 801 Nelson's Walk 1.4 CITY-ST-ZIP: Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	NAME: DEHNART, DAVID STREET ADDRESS: 2606 SOUTH HORSESHOE DR. CITY-ST-ZIP: NAPLES FL	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	2.2 NAME:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	5.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Thomas E. Williams TREASURER 2-27-97 (941) 643-6000
Date: 2-27-97 Daytime Phone #: (941) 643-6000

CR2E034 (9/96)