FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **232467** **(1)**

1. Corporation Name

WESLEY CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
5105 S.W. 93 ST MIAMI, FL 33156 MIAMI FL 33156-2215 US	5105 S.W. 93 ST MIAMI, FL 33156 MIAMI FL 33156-2215 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified: **01/23/1960**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-0912323** ☐ 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

BRAZNELL,CHARLES W
5105 S.W. 93 ST
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501, Florida Statutes, the entity submitting this Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida hereby authorizes the Department of State to change its registered office or registered agent, or both, as set forth in this Statement. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	BRAZNELL,CHARLES W		2 NAME	
STREET ADDRESS	5105 S.W. 93RD ST.		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	BRAZNELL, MARY L.		22 NAME	
STREET ADDRESS	5105 S.W. 93RD ST.		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ 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 report is true, accurate and complete as of the date of this report, for the purpose of satisfying the requirements of Section 607.1501, Florida Statutes. I further certify that the information indicated on this report or supplemental requirements of this 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, added or deleted.

SIGNATURE: (X) _____ 3/30/96 (305) 661-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)