

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 # **317075** (0)

1. Corporation Name
SANS SOUCI CONSTRUCTION CO INC



Principal Place of Business: **2701 LE JEUNE RD CORAL GABLES FL 33134 US**
Mailing Address: **2701 LE JEUNE RD. C/O EDWARD P SWAN CORAL GABLES FL 33134 US** *S 340*

3. Date Incorporated or Qualified: **05/23/1967**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-1286918**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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: *Same as above*
2a. Mailing Address: *Same as above*
21. Suite, Apt. #, etc.: *340*
22. City & State: *340*
23. Zip: *340*
24. Country: *340*

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **EDWARD P. SWAN**
82 Street Address (P.O. Box Number is Not Acceptable): **2701 LE JEUNE ROAD SUITE 340**
83 City: **CORAL GABLES, FL**
84 Zip Code: **33134**

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: *Edward P. Swan* DATE: **6/3/96**

12. OFFICERS AND DIRECTORS

TITLE	PT HUTCHINGS, CAROLE SUSAN	<input checked="" type="checkbox"/> DELETE
NAME	1941 WOLFSNARE RD. VIRGINIA BEACH VA.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS MALNICK, JUDY LATEINER	<input checked="" type="checkbox"/> DELETE
NAME	2484 FLORIN CT. BELLMORE, N.Y.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SUCCESSOR TRUSTEE	<input type="checkbox"/> DELETE
NAME	EDWARD P. SWAN	
STREET ADDRESS	2701 LEJEUNE ROAD S 340	
CITY-ST-ZIP	CORAL GABLES, FLA 33134	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 (changed), or on an attachment with an address.

SIGNATURE: *Edward P. Swan* DATE: **6/3/96** DAYTIME PHONE #: **305-4435020**

CR2E034 (12/95)