## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

是一个时间,这个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,也是一个时间,我们也会会一个时间,也是一个时间,也是一个时间,也是 第一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们也是一个时间,我们也是一个时间,我们也是一个时间,我们

900



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 317075
SANS SOUCI CONSTRUCTION CO INC

(0)

FILED										
Apr 21	1997	8:00am								
Secret	ary o	of State								

Principal Place of Business Mailing Address						BARK BIBN B		80k 91911 1801		
2701 LE JEUNE RD 2701 LE JEUNE RD.										
00RAL GARLE	S FI 93134	340 CORAL GABLES FL 33134	-5821							
OORAL GABLES FL 33134 CORAL GABLES FL 33134-		****	WE !		<u> </u>	3. Date incorporated or Qualified	3a. Da	te of Last	Report	
							05/23/1967		7/1996	
2, Principal P	lace of Business	2a. Mailing Address					4. FEI Number	J		Applied For
21		26			. <u></u>		59-1286918			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required
City & State							6. Election Campaign Financing \$5.00 May B			
Zip	28		Cour	Obra			Trust Fund Contribution L Added to Fees			
24	25	han ' han ' ha		ıtry		1	8. This corporation has liability for intangible tax under s. 199.03: Florida Statutes X Yes \(\sigma\) No			
24	9. Name and Address of Current		[30]				10. Name and Address of New Re			
EDW	/ARD P. SWAN			81	Name			<u> </u>	•	
	LE JEUNE ROAD, SUITE 340		<u> </u>	82 Street Add			s (P.O. Box Number is Not Acceptab	lo)		<del></del>
CORAL GABLES FL 33134			02	300007	Hudiess	s (F.O. Box Number is Not Acceptato	ie)			
			Ī	83						
15			ŀ	B4	City				<b>85</b> Zi	p Code
								FL.		,, oode
office or re	to the provisions of Sections 607.0507 agistered agent, or both, in the State or familiar with, and accept the obliga	of Florida. Such change was a	authorized	1 by	the corp	d corpora rporation	ation submits this statement for the p 's board of directors. I hereby accep	urpose of It the appo	changing pintment	) Its registered as registered
SIGNATURE									<del></del>	- <del> </del>
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	Võei	nt signature	re required v	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIDECT	2DC IN 12
TITLE	OT TOETO AIVE	DELETE	1.1 1/10	LF	ĭ	7	ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	
NAME	SWAN, EDWARD P.	<del></del>	1.2 NA							_
STREET ADDRESS	2701 LE JEUNE ROAD, STE. 3	40	1.3 STR	REET	ADDRESS	1				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CIT	Y-\$1	- <b>7</b> 1P					!
TITLE	VS	DELETE	2.1 7(1)	LE					Change	e Addition
NAME	MALNICK, JUDY LATEINER		2.2 NAI	ME		1				
STREET ADDRESS	2464 FLORIN CT.		2.3 STR	REET A	ADDRESS					i
CITY-\$1-ZIP	BELLMORE, N.Y.		2.4 (1)		T-ZIP	ļ <u>.</u>		·		
TITLE	Whati . Carole	Surga DELETE	3.1 100		ł	ł				e L Addition
NAME	AVICANTAL ROLL R	d.	3.2 NAM			1				
STREET ADDRESS	Hotchings Carele 1941 Wolfsnove 12. Vinginia Beach, VI.	j			ADDRESS	1				
CITY-ST-ZIP TITLE	Vinginia 10 chan, V 11	DELETE	3.4 CIT 4,1 TIT)		1-ZIP				Change	e Addition
NAME		C) Officer	4. 2 NA	-		İ				, Ela ricomon
STREET ADDRESS					ADDRESS					!
CITY-\$T-ZIP			4.4 CIT1		1	1				1
TITLE		DELETE	5 1 TITE						Change	e 🔲 Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STR	REET A	ADDRESS (	[				Į.
CITY-ST-ZIP			5.4 CI)*	Y - S1	-ZIP	<u> </u>				
TITLE	4	☐ DELETE	6.1 7(7)	LE			•		Change	Addition
NAME		•	6.2 NAN	ME	ĺ	ĺ				
STREET ADDRESS			6.3 STR	REE1 /	ADDRESS					
CITY-ST-ZIP	and the that the information and	multiple to the Office of a comment of the	6.4 CR1			1	D	14		
Information I am an of appears in	y certify that the information supplied n indicated on this approvi report or su ficer or director of the corporation or n Block 12 or Block 13 if hanged, o	upplemental annua) report is tr the repayer or trivitee empowe on ay attachment withyan add	y for the erue and ac ered to ex tress.	exer ccui xecu	nprion st rate and late this ri	stated in d that my report as	Section 119.07(3)(1), Florida Statutes v signature shall have the same legal s required by Chapter 607, Florida Si	effect as atutes; an	certify the if made to d that my	at the Inder oath; that I name
SIGNATURE: Power P Sulan (10/11/15/1997 (305) 443-5020										