## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT

1996



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

DOCUMENT # 1. Corporation Name 340812

(7)

WILLIAM WARREN CONS	STRUCTION.	INC.
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CYICLEN W	, wanter ookonkoono	.,						
Principal Place	of Business	Mailing Address	Mailing Address		-	81011 81011 81311 81314 E1011 8E011 1001		
5912 JASON ST. ORLANDO FL 32809		5912 JASON ST. ORLANDO FL 32809						
us						3. Date Incorporated or Qualified	3a. Date of Last Report	
A Drivered D	and of Divisional	2a. Mailing Address				01/29/1969 4. FEI Number	1 07/05/1995	
<u>├</u>		26 Mailing Address			59-1234057	Applied For Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.			\$8.75 Additional			
22		27		5. Certificate of Status Desired	Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be			
Zip Country		Zip Country		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees		
Zip <b>24</b>	25 Country	29	30	<u> </u>		8. This corporation has liability for a Florida Statutes	Yes No	
2-9	9. Name and Address of Currer	L	1001	Ţ		10. Name and Address of New Reg		
LA/A	DOCAL DICLIADO E			61	Name			
	rren, richard f. 16 Jason st.			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32809								
				83				
				84	City		FL 85 Zip Code	
11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida Statul	es, the at	DÓVE	-named corpo	ration submits this statement for the pu	rpose of changing its registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida Such change was a	authorized	d by	the corporation	n's board of directors. I hereby accept	thic appointment as registered	
SIGNATURE							=	
Signature, typod or printed name of ray stered agent and life if applicable (NOTE)  12. OF FICERS AND DIRECTORS				egistered Agent signature required when reinstating:  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	STD			† TITLE Change				
NAME	WARREN, MARCELLA R.	•	121	1 2 NAME				
STREET ADDRESS	1		135	TREET	ADDRESS			
CITY - ST - ZIP	ORLANDO FL		140	1 4 CITY - ST - ZIP				
TITLE	PD	DELETE	2 1 T	2 1 TITLE			Change Addition	
NAME	WARREN, RICHARD FRANK		2.2 NAME		•			
STREET ADDRESS	5926 JASON ST				T ADDRESS			
CITY-ST-ZIP TITLE	ORLANDO, FL 00000 VTD	DELETE	317		\$1-7IP		Change Addition	
NAME						- " L 1.55.5.5.		
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP	ORLANDO FL		34 CITY					
THILE		DELETE	4.1 TITLE				Change Addition	
NAME				NAME				
STREET ADDRESS					I ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - S1		S1 - ZIP	<del></del>	Change Addition	
TITLE		L. Dettit	5 1 TITLE 5 2 NAME				Sounds resourced	
NAME STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP								
TITLE		DELETE	5.4 CHY-SI-7 6.1 TITLE				Change Addition	
NAME			621	NAME				
STREET ADDRESS			633	STREE	F ADORESS			
CHTY-ST-ZIP					S1 - ZIP		+0.67/0\/1\ EL	
<ol> <li>14. I do here!</li> </ol>	by certify that the information supplie	ed with this bling is voluntarily f	urnished	and	goes not quali	fy for the exemption stated in Section 1	i i9 u7(3)(K), Florida Stafutés T	

further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PLANT F. WARREN, PRESIDENT

7-17-96 407-855-5605