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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

**FILED** Jan 29 1998 8:00am Secretary of State

CONST	FRUCTIVE SERVICES, INC.				
Principal Plac	e of Business	Mailing Address	·	1 TABLED HINL TOBIA HANG BERGE ERELL RALL BEIN	L GEBEL GEBEL BEBEL ØFBEL BEDEL 1891
13300 INDIAN ROCKS ROAD #2101 13300 INDIAN ROCKS ROAD #2101					
13300 INDIAN ROCKS ROAD #2 LARGO FL 34644 LARGO FL 34644 US				DO NOT WRITE IN T	HIC COACE
				3. Date incorporated or Qualified	nio srace
				11/09/1970	ŀ
2. Principal P	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 136	20 49th St. N	26 3620 49	th 55. No	59-1379788	Not Applicable
Suite, Apt.	17	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	* 400	27 \$ 400			Fee Required
City & State	a a lama El	City & State	an ti	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip CLE	Country	28 CLEARWAT	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees
24 3462		├ <del>─</del> ┐ ' /	0 (154	Personal Property Tax due June 30.	Yes No
7,00	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registe	
FS	CHENROEDER, EDWARD E		81 Name		
40000 HIDIAN DOOMO DD. 40404				ress (P.O. Box Number is Not Acceptable)	
	RGO FL 34644		UZ STOOL AUG	riess (1.0. box Number is Not Acceptable)	
			β3		
	•		84 City		as Zio Codo
			Oity		FL 85 Zip Code
11. Pursuant office or n	to the provisions of Sections 607,0502 registered agent, or both, in the State our familiar with, and accept the obligations.	and 607,1508, Florida Statutes of Florida. Such change was autions of Section 607,0505. Flori	s, the above-named corp thorized by the corporation Statutes	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agons	and the Lappicable (NOTE:	Hegistered Agent signature requi	red when reinstating) DA	TF
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	·
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	ESCHENROEDER,EDWARD E		1.2 NAME		
STREET ADDRESS	19300 INDIAN ROCKS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	VD	☐ Officie	2.1 TITLE		☐ change ☐ Acouson
NAME	ESCHENROEDER, ROGER 12404 CHICKASAW TRAIL		2 2 NAME		
STREET ADDRESS	LARGO FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LANGO I L	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
THE PROPERTY OF THE PROPERTY O			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City - ST - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

14. I 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 ennual 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 of 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 attachmon with an address.

EPWARD E. ESCHENROE DEA