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FILED
Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 392132 (7)

1. Corporation Name
CONSTRUCTION ENTERPRISES DIVERSIFIED, INC.

Principal Place of Business

Mailing Address

6400 BARRIE RD. APT 1804
EDINA MN 55435
US

6400 BARRIE RD. APT 1804
EDINA MN 55435-2338
US



3. Date Incorporated or Qualified 12/02/1971
3a. Date of Last Report 02/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	41-0992081	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, MARK L.
190 EDGEWATER DRIVE
CORAL GABLES FL 33133

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 *Mark L. Nelson*

(NOTE: Registered Agent signature required when reinstating)

2/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	NELSON, ROBERT L.	1.2 NAME	
STREET ADDRESS	6400 BARRIE RD, APT 1804	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Change Addition
NAME	NELSON, HARRIET G.	2.2 NAME	
STREET ADDRESS	4600 BARRIE RD, APT 1804	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN 55435	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	Change Addition
NAME	NELSON, CURTIS L	3.2 NAME	
STREET ADDRESS	4515 SEDUM LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN 55435	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97 (612) 922-1680

Date

Daytime Phone #

0481040

CR2E034 (9/96)