

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
AND  
FILED

50 MAY 11 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **438622** (3)

1. Corporation Name  
**CALAIS CONSTRUCTION, INC.**

Principal Office - Telephone: \_\_\_\_\_ Mailing Address:  
**5857 SW 21ST STREET  
HOLLYWOOD FL 33023  
US**

2. Domestic Principal Office:  
21. State Apt. # 00: \_\_\_\_\_ 26. Mailing Address:  
22. City & State: \_\_\_\_\_ 27. City & State: \_\_\_\_\_  
23. City & State: \_\_\_\_\_ 28. City & State: \_\_\_\_\_  
24. City & State: \_\_\_\_\_ 25. City & State: \_\_\_\_\_ 29. City & State: \_\_\_\_\_ 30. City & State: \_\_\_\_\_

3. Date incorporated or chartered: **10/22/1973** 3a. Date of last report: **05/10/1994**  
4. FE Number: **59-1490410** Approved For: \_\_\_\_\_  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under S. 199.03, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CARTER, MICHAEL  
19626 MCCALL RD  
ALTOONA FL 32702**

10. Name and Address of New Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ FL 85. Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.09(3), 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 understand the obligations of Sections 607.09(3), Florida Statutes.

SIGNATURE: *Michael D Carter* (Pres) **MICHAEL D CARTER 5/8/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME STREET ADDRESS CITY, ST, ZIP	<b>PD CARTER, MICHAEL 19626 MCCALL RD ALTOONA FL</b>	11.01 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 NAME STREET ADDRESS CITY, ST, ZIP	<b>V COUCHENOUR, CHARLES W 8304 HAYES STREET HOLLYWOOD FL 33021</b>	11.02 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
103 NAME STREET ADDRESS CITY, ST, ZIP	<b>T JONES, JAMES L 7380 ALLEN DRIVE HOLLYWOOD FL 33024</b>	11.03 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
104 NAME STREET ADDRESS CITY, ST, ZIP		11.04 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105 NAME STREET ADDRESS CITY, ST, ZIP		11.05 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106 NAME STREET ADDRESS CITY, ST, ZIP		11.06 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
107 NAME STREET ADDRESS CITY, ST, ZIP		11.07 NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the individuals supplied with this filing voluntarily furnished and do not claim immunity for the information stated in this filing under Florida Statutes. I further certify that the information included 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 officer or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or in an attached form with an address.

SIGNATURE: *Michael D Carter*  
NON AFFRANCARE. NON IMPRINTARE. NON CAMBIARE. NON RITAGLIARE. NON STAMPARE. NON FOTOCOPIARE. NON FOTODUPPLICARE. NON FOTOREPLICARE. NON FOTODISTRIBUIRE. NON FOTODIFFONDERE. NON FOTODIFFUSIONARE. NON FOTODIFFUSIONARE. NON FOTODIFFUSIONARE.  
**MICHAEL D CARTER**

5/8/95 (305) 9645640