

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **438622 (3)**

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



Principal Place of Business: **5857 SW 21ST STREET HOLLYWOOD FL 33023 US**  
Mailing Address: **5857 SW 21ST STREET HOLLYWOOD FL 33023 US**

3. Date Incorporated or Qualified: **10/22/1973**  
3a. Date of Last Report: **05/11/1995**

2. Principal Place of Business  
21 **19626 McCall Road**  
Suite, Apt. #, etc.  
22  
City & State: **Altoona, FLORIDA**  
Zip: **32702** Country: **USA**  
2a. Mailing Address  
26 **19626 McCall Road**  
Suite, Apt. #, etc.  
27  
City & State: **Altoona, FLORIDA**  
Zip: **32702** Country: **USA**

4. FEI Number: **59-1490410**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, 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  
85 Zip Code: **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: *Michael Carter* (Same) DATE: **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARTER, MICHAEL	
STREET ADDRESS	19626 MCCALL RD	
CITY-ST-ZIP	ALTOONA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COUCHENOUR, CHARLES W	
STREET ADDRESS	6304 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JAMES L	
STREET ADDRESS	7380 ALLEN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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: *Michael Carter* DATE: **4/25/96**

CR2E034 (12/95)