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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 467653

(2)

ROSSIM	AN CONSTRUCTION SERV	ICES, INC.				
Principal Piac	e of Business	Mailing Address			100FM 710M B/M 1888 BM6 0100 AND 0	JIBIN DIBIN DIBIN DIBIN BIBIN DIDIN TOOL
5757 COLONIAL DRIVE NEW PORT RICHEY FL 34653		5757 COLONIAL DRIVE NEW PORT RICHEY FL 34653-4304				
					3. Date Incorporated or Qualified 01/17/1975	3a. Date of Last Report 01/22/1996
2. Principa! Place of Business		2a. Mailing Address	l'''-''j		4. FEI Number	Applied For
Suite, Apt. #, etc		26	Suite, Apt #, etc		59-1574021	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stale	9	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Z)p	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
•	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Rec	jistered Agent
	SMAN, RAY		81	Name		
	7 COLONIAL DRIVE 7 PORT RICHEY FL 34653		82	82 Street Address (P.O. Box Number is Not Acceptable)		(e)
			83			1977-1980-1980-1980-1980-1980-1980-1980-1980
			84	City		FL 85 Zip Code
11. Pursuant I office or n agent I at SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida Such change was au gations of, Section 607.0505, Flor	s, the above ithorized by ida Statutes	e-named corp the corpora	poration submits this statement for the pa tion's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
	Signature typed or printed name of required as	ent and title if applicable (NOTE:	Flegistered Age	nt signature requi	ired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	· · · · · · · · · · · · · · · · · · ·
TITLE	PD DISCONANT DAY	L DELETE	1.1 TITLE			Change Addition
NAME STREET ADDRESS	BUSSMANN, RAY 5757 COLONIAL DRIVE		1.2 NAME			
CITY-ST-ZIP	NEW PORT RICHEY FL		1.3 STREET 1.4 CITY- S			
TITLE	TS	DELETE	2.1 TITLE	1-214		Change Addition
NAME	BUSSMANN, INGE		22 NAME			
STREET ADDRESS	5757 COLONIAL DRIVE		2 3 STREET	ADDRESS		
CITY - ST - ZIP	NEW PORT RICHEY FL		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE			Change Addition
NAME			32 NAME		:	
STREET ADDRESS			33 STREET	į		
CITY - ST - ZIP TITLE		☐ DELETE	3.4. CITY - S	IT-ZIP		
NAME		DELL'IL	4 1 TITLE 4 2 NAME			Change Addition
STREET ADDRESS			4 3 STREET	AUDOEGG		
CITY - ST - ZIP			4 4 CITY-S			
TITLE		DELETE	51 TITLE	-		☐ Change ☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET	address		
CITY - ST - ZIP			5.4 CITY - S	T-ZIP		
TOTE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY - ST - ZIP	as exercise that the affine the	and the second s	6 4 CITY - S			
Information	n indicated on this annual report or	supplemental appual report is tru	e and accu	rate and that	d in Section 119.07(3)(i), Fiorida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	offect as if made under soth, that

SIGNATURE:

**FILED** 

Jan 14 1997 8:00am

Secretary of State