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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

504294

(0)

CONSTANTAKOS CONSTRUCTION, INC.									
Principal Place	of Business	Mailing Address	Mailing Address			- I	DUDI BIDU DHO	10 010 11 0 2051	
27 PENNOCK LANE SUITE #203 JUPITER FL 33458-4083		27 PENNOCK LANE SUITE #203 JUPITER FL 33458-4083							
						3. Date Incorporated or Qualified 06/01/1976	1	of Last R 9/11/199	
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 59-1672279	1,450,100,101		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
22		27	27			Certificate of Status Desired	M		Required
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		and the contract of the contra	Zip Country			8. This corporation has liability for intangible tax under s 199.032,			
24	25	29				Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent			T	10. Name and Address of New R	egistered	Agent	
				81	Name				
CONSTANTAKOS, SCOTT J. 27 PENNOCK LANE SUITE #203				82	Street Addre	ess (P.O. Box Number is Not Acceptab	lo)	-	
	FL 33458			83					
VOLITER	1 € 00430			84	City			OE 7.	ıp Code
					,		FL	. `	`
 Pursuant to or registere familiar with 	o the provisions of Sections 607.0502 d agent, or both, in the State of Flori n, and accept the obligations of, Sect	and 607.1508, Florida Stalut da. Such change was authoriz ion 607.0505, Florida Statutes	es, the abo red by the o s.	corp	named corpora poration's board	ation submits this statement for the pur d of directors. I hereby accept the app	pose of cha pointment as	anging its r registered	registered office diagent. Lam
SIGNATURE:	Signature Typed or printed name of registered agent	nucl this Plan objects AM	Mr. Donistone	1 Acros	nt signature required	Inches whet liest	DATE		
12.		D DIFECTORS	13.	- Age	ur alguarine recipirea	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
THLE	PD DELETE		1.11	ITLE]	Change	☐ Addition
NAME	CONSTANTAKOS, SCOTT J.		1.2 N	AME					
STREET ADDRESS	1507 LANCE ROAD		1.3 \$	TREET	I ADDRESS				
CITY-ST-ZIP	JUPITER FL		1.4 CITY - S1 - ZIP		S1-ZIP	··			
TITLE	D	DELETE	2 1 TITLE 22 NAME				l	Change	Addition
NAME	CONSTANTAKOS, JEANNE N	Л.				•			
STREET ADDRESS	1507 LANCE ROAD JUPITER FL				I ADDRESS ST-ZIP				
CITY-ST-ZIP TITLE	Vive:	∏ DELFTE	3.11		51-ZIF		······	Change	Addition
NAME			3.2 N	AMî			•		
STREE1 ADDRESS			3.3. 5	STREE	T ADDRESS				
CITY - ST - ZIP			34C	ITY-S	ST-ZIP				
TITLE		DELETE	DELETE 4.17				[Change	Addition
NAME			4.2 N	AME					
STREE1 ADDRESS			4.3 S	TREE	I ADDRESS				
CITY - ST - ZIP		F'3 DE (516			ST-ZIP			Change	C Addition
TITLE		[] DELETE	5 1 1				'	☐ Change	Addition Addition
NAME STREET ADDRESS			52 N		T ADDRESS				
CITY-ST-ZIP			. E		ST-ZIP				
TITLE	DELETE		6 1 1		31-21			Change	Addition
NAME			6.2 N				,		-
STREET ADDRESS					1 ADDRESS				
C(TY+ST+Z(P					ST-7IP				
certify that	the information indicated on this ann	ual report or supplemental and	hual report	is tr	ue and accurat	or the exemption stated in Section 119 te and that my signature shall have the s report as required by Chapter 607, Fl	same legal	l effect as i	if made under

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR

4-28-95 Deta 907-744-7462 Daytime Phone # CR2E034 (1)