

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 517694 (6)

1. Corporation Name

SPRINGS MANOR CONSTRUCTION, INC.



Principal Place of Business

3270 NW 86 AVE. SOUTH APT
CORAL SPRINGS FL 33065
US

Mailing Address

3270 NW 86 AVE. SOUTH APT
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified
11/02/1976

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 10147 NW 48 Dr

26 10147 NW 48 Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coral Springs, Fl

28 Coral Springs, Fl

Zip 33076

Country USA

Zip 33076

Country USA

4. FEI Number
59-1726935

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

10. Name and Address of New Registered Agent

OLDAKOWSKI, RONALD G.
3270 NW 86 AVE
CORAL SPRINGS FL 33065

81 Name Oldakowski, Ronald G.

82 Street Address (P.O. Box Number is Not Acceptable)
10147 NW 48 Dr

83

84 City Coral Springs

FL

85 Zip Code
33076

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

Signature typed or printed (Name of registered agent and officer or director)

(NOTE: Registered Agent Signature required when establishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OLDAKOWSKI, RONALD G.	
STREET ADDRESS	3270 NW 86 AVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLDAKOWSKI, RONALD G.	
STREET ADDRESS	3270 NW 86 AVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	OLDAKOWSKI, PAULA N.	
STREET ADDRESS	3270 NW 86 AVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
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	10147 NW 48 Dr
1.4 CITY - ST - ZIP	Coral Springs, Fl 33076
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10147 NW 48 Dr
2.4 CITY - ST - ZIP	Coral Springs, Fl 33076
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10147 NW 48 Dr
3.4 CITY - ST - ZIP	Coral Springs, Fl 33076
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 119.07(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: Ronald G. Oldakowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 752 8682

4-21-96

Date Printed

CR2E034 (12/95)