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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

DIVIS

DOCUMENT # 528167

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Secretary of State ON OF CORPORATIONS	Secretary of State
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FILED

NASA CONSTRUCTION COMPANY Principal Place of Business Mailing Address 307 LAKE AVENUE 307 LAKE AVENUE C/O NASA CONSTRUCTION CO C/O NASA CONSTRUCTION CO DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Date Incorporated or Qualified <u>02/11/1977</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1723945 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \mathbf{x} 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KOLINS, RONALD 625 NORTH FLAGLER DR Street Address (P.O. Box Number is Not Acceptable) **NINTH FLOOR** 83 WEST PALM BEACH FL 33401 84 City Zip Code 85 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1 1 TITLE **PSTD** TITLE SACHS, S. LYON 1.2 NAME **CR2E034** NAME 307 LAKE AVENUE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL 1,4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change ___ Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP __ DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-2IP

CULBE RECLYON SACHS

1/23/98

561-588-3300