## 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

<ol> <li>Corporation</li> </ol>	MENT # 535( HER CONSTRUCTION (	` '	1 100 10 1 100 100 100 100 100 100 100		
Principal Place	of Business	Mailing Address			
,	AS LANE #101	180 PINELLAS LAN	E #101		
	ACH FL 32931	COCOA BEACH FL			
				3. Date Incorporated or Qualified	3a. Date of Last Report
• D:-:IDI		2a. Mailing Address		05/24/1977 4. FEI Number	05/16/1995 Applied For
z. Principai Pia 1	ace of Business	28. Maining Address		59-1748050	, Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			- Fee Hequireo
City & State		City & State		16. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation has liability for	
4	25	29	30		No No
	9. Name and Address of C	urrent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent
neen e	-0 1111-011/11				
	es, James W. III O Orlando Avenue		82 Street Add	dress (P.O. Box Number is Not Acceptate	ble)
	A BEACH FL 32931		83		
0000,	, DEMOTT E OEGO		84 City		85 Zip Code
					FL   S   25 0000
11. Pursuant t or register familiar wit	to the provisions of Sections 607, ed agent, or both, in the State of th, and accept the obligations of,	.0502 and 607.1508, Florida Stat Florida. Such change was autho Section 607.0505, Florida Statut		oration submits this statement for the pu ard of directors. I hereby accept the app	
SIGNATURE	Signature, typed or printed name of registered				rpose of changing its registered office cointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered OFFICER:	d agent and title if applicable	utes, the above-named corporation's bookes.  NOTE: Registered Agent agnature requires	red when re-ristating)	rpose of changing its registered office pointment as registered agent. I am
SIGNATURE _ 12. TITLE NAME	Signature, typed or printed name of registered OFFICER:  ST  KNIGHT, DEBBIE	d agent and title if applicable S AND DIRECTORS DELETE	utes, the above-named corporation's box es.  NOTE: Registered Agent agreeture requir  13.  1.1 TITLE  12 NAME	red when re-ristating)	rpose of changing its registered office cointment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registers OFFICER: ST KNIGHT, DEBBIE 180 PINELLAS LN #101	d agent and title if applicable S AND DIRECTORS DELETE	utes, the above-named corporation's box es.  NOTE: Registered Agent signature requir  13.  1.1 TITLE 12 NAME 13 STREET ADDRESS	red when re-ristating)	rpose of changing its registered office cointment as registered agent. I am DATE FICERS AND DIRECTORS IN 12
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IZ.  ITLE  HAME  STREET ADDRESS  SHY-ST-ZIP  HILE  VAME	Signature, typed or printed name of registerer  OFFICER:  ST  KNIGHT, DEBBIE  180 PINELLAS LN #101  COCOA BEACH FL 329 P	d agent and title if applicable S AND DIRECTORS DELETE  31	utes, the above-named corporation's bodies.  NOTE: Registered Agent signature requir  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	red when re-ristating)	prose of changing its registered office pointment as registered agent. I am  DATE FICERS AND DIRECTORS IN 12  Change Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR