FILE NOW: FILI PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEP Sandra Secre DIVISION OF		STATE			
DOCU	MENT #	569388	(2)	(2)				
		ONTRACTORS, INC).					
20301 SV PO BOX		Ma	PO BOX 901588 PO BOX 1588 PO BOX 1588 HOMESTEAD FL (13090-1588			18781 PATE QP	FIL BJØJJ BJØJJ BYBIT ØYRYL BJØJJ 10
US Drive yel D	lace of Business		US			3. Date Incorporated or Qualified 04/24/1978	3a. D	ate of Last Report 02/06/1995
i mnopai e	INCE DI BUSINESS	2a. 26	Mailing Address			4. FEI Number 59-1821232		Applied For Not Applicable
Suite, Apt.		27]	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		28	Orty & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 	25 Cour	29	Zip	Countr	у	8. This corporation has liability for Florida Statutes V Ye	r intangible s	
	9. Name and Add	fress of Current Regist	ered Agent	81	T 70	10. Name and Address of New	-	d Agent
HARR	IILL, BERNARD P. J	JR		L.			····	
20301	I S W 316 STREET			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · ·
HOME				L	L			
	ESTEAD, FLORIDA			83				
33030				83				85 Zip Code
33030) to the provisions of Se	ctions 607,0502 and 607	.1508, Florida Statu	84	City	pration submits this statement for the ce	FI invose of c	<u> </u>
33030	to the provisions of Ser	ctions 607.0502 and 607 ne State of Florida. Such gations of, Section 607.0	.1508, Florida Statu ohange was authori 505, Florida Statute	tes, the above	City	pration submits this statement for the pe and of directors. Thereby accept the app	· · · · · · · · · · · · ·	<u> </u>
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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:

Marie Harrill

April 12, 1996

(305) 245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR