## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

83-287-0667

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

ARGUS	MENT # 586891 CONTRACTORS, INC.	(4)			
Principal Plac		Mailing Address		1 LOSTAN EILAL 1811& 31181 1831& 1818 L	ı Erbit gibti bibit bibit bibit bibit ibbi
4600 W CYPRI 451	ESS ST	4800 N CYPRESS ST 451			
TAMPA FL 336	907	TAMPA FL 33607-4027			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				09/19/1978	04/15/1996
<del></del> _	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# 610	26		59-1853473	Not Applicable
22 Suite, Apr	P, CIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stati	e	City & State	· · · · · · · · · · · · · · · · · · ·	6 Floatice Occupies Figure	Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24]	25	29	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	
	DER, BENJAMIN ESQ.		81 Name		
AIDEN, EARLE & KETNER, PA. 42-FIRST ST. S. E. 82 Street Addres				Address (P.O. Box Number is Not Accepta	ole)
1 <del>00 2ND AVE. SOUTH, 4TH FLOOR, N. TOWER</del>					
ST. PETERSBURG FL 33701			83		
			84 City		85 Zip Code
					FL I
office or in agent. I tal	Us pu	•		corporation submits this statement for the poration's board of directors, I hereby acce	
12.	Signature Typen is printed nario of registered agen OFFICERS AND		TE Registered Agent signature i		DATE
TILLE	PT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CLENDENING, JAMES W.		1.2 NAME		Distrigo T Notifier
STREET ADDRESS	-855 NORMANDY TRACE RD		13 STREET ADDRESS	4600W. CYPRESS ST.	5.451
Dity-S1-7/P	TAMPA FL		1.4 CITY - ST - ZIP	TAMPA FL 33607	
TITLE	VP	DELETE	21 TITLE	1104P , FC 3300 I	Change
NAME	CLENDENING, KYMBERLY D		2.2 NAME		
STREET ADDRESS	-15999 NOTTING HILL		2.3 STREET ADDRESS	4600 W. CYPRESS :	ST. , S. 451
CITY-ST-ZIE	-UITZ FL		2 4 CiTY-ST-ZIP	TAMPA FL 33607	
TiTLE		DELETE	3.1 TITLE	SECRETARY	☐ Change ▲ Addition
NAME			3.2 NAME	CHERIE K. BACKER	١ ،
STREET ADDRESS			3.3 STREET ADDRESS	4600 W. CYPRESS ST,	SuiTE 457
CITY-ST-ZIP			3.4. CITY - ST - ZIP	TAMPA FL 3360	
TOLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTy - ST - ZiF			5.4 CITY-ST-ZIP		
THLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
information	n indicated on this annual report or su	<i>ম</i> া <b>e</b> mental annual report is t	true and accurate and t	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega port as required by Chapter 607, Florida S	il effect as if made under oath; that l