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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 615999

(0)

CORAL PALM CONSTRUCTION, INC.

## FILED Jan 20 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	Mailing Address			-	I ALBII BEBEI O	
1832 FLAGLE	R AVE	1832 FLAGLER AVE				İ		
P.O. BOX 11			P.O., BOX 1111 LEHIGH ACRES FL 33970-8111			DO NOT WRITE IN THIS	SPACE	
LEHIGH ACRES FL 33970-8111 LEHIGH ACRES FI US US			9/0-8111			3. Date Incorporated or Qualified	OF AGE	
						03/30/1979		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	T 17	Applied For
21		26				59-1897059		Not Applicable
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional	
22		27				5. Octanodae of Otatas Desired		Required
City & Stat	e	City & State				6. Election Campaign Financing		O May Be
23 Zip	Country	Zip Country				Trust Fund Contribution		d to Fees
24	25	├ <del>-</del> ¬ '	30	,		This corporation owes or has paid the cu     Personal Property Tax due June 30.		ntangible No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered		
RE	NDOLA, BENJAMIN G		81	Nan	ne			
	32 FLAGLER AVENUE		82	Stra	ot Addres	ss (P.O. Box Number is Not Acceptable)	<del></del>	
LEHIGH ACRES FL 33936			02	300	et Addie.	55 (F.O. Box Number is Not Acceptable)		
			83					
}			84	City			85 Zij	o Code
				J.,,		FL	_   00	. 0000
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the above	e-nam	ed corpo	ration submits this statement for the purpose only beard of directors. I hereby accept the ap-	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	ent signa	lure requireç	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTO	DRS IN 12
TITLE			1.1 TITLE			ASSITIONO/OFFANGES TO OFFICERS AND	Change	
NAME	BENDOLA, BENJAMIN J		1.2 NAME					
STREET ADDRESS	4652 LITTLE RIVER LANE		1.3 STREET	ADDRES	s			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP				
TITLE	VST DELETE		2.1 TITLE				Change	Addition
NAME	BENDOLA, JEAN		2.2 NAME	2.2 NAME				
STREET ADDRESS	1832 FLAGLER AVENUE		2.3 STREET ADDRESS		s			
CITY-ST-ZIP	LEHIGH ACRES FL		2. 4 CITY - 5	2. 4 CITY-ST-ZIP				
TITLE	V.P. □ DELETE		3.1 TITLE				Change	Addition
NAME	TIMOTHY S. HODGES	e CK.	3.2 NAME					
STREET ADDRESS	FORT MYERS, PLONID	DA 329/3	3,3 STREET		\$			
CITY - ST - ZIP				3.4. CITY - ST - ZIP			1 0	Addition
TITLE		☐ Velete	4.1 TITLE				L Change	E LOUIDIN
NAME CERTE ADDRESS			4. 2 NAME 4.3 STREET	٨٥٥٥٥٥	ا			
STREET ADDRESS CITY-ST-ZIP		1	4.3 STREET		<b>"</b>			İ
TITLE		DELETE	5.1 TITLE	1-417	<del>- </del>		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRES	s			
CITY-SI-ZIP			5.4 CITY - S		-			
TITLE		DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME				_	
STREET ADDRESS			6.3 STREET	ADDRES	s			
CiTY-ST-ZIP			6.4 CITY - S	T-ZIP				[
	certify that the information supplied with	n this filing does not qualify for			ated in Si	ection 119.07(3)(i). Florida Statutes, I further co	ertify that th	e information

14. I hereby 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 eath; 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: Own CONTROL UPER DENOULA

01-08-98 941-3

941-369-8400