FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996				DIVISION OF CORPORATIONS			ONS				
DOCUI 1. Corporation		# 6310	87	(4)							
FLO	RIDA KEY	S TRUSS, INC.									
								:			ENDA BIBIL HABI HABI
Principal Place	of Business		Ma	iling Address							PIRI 6461 8181 1881
10651 7TH AVE GULF				6801 OVERSEAS HWY							
MARATHON FL 33050 US			MARATHON FL 33050								
03				US				3. Date Incorporated or Qualified 07/27/1979	3a. Date		Report /1995
2. Principal Pla	ace of Busine	ess	2a.	Mailing Address				4. FEI Number	<u> </u>	<i>32)</i> 10	Applied For
21 Cuito A-1			26					59-1895044			Not Applicable
Suite, Apt.	#, UtC.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
City & State	3			City & State				6. Election Campaign Financing			e Required OO May Be
23			28					Trust Fund Contribution			ded to Fees
Ζιρ 24	ŀ	Country 25	29	Zip	30 Cou	ıntry		8. This corporation has liability for i		under	s 199.032,
		and Address of Currer		ered Agent	30	Ţ		Florida Statutes Yes 10. Name and Address of New R	□ No	gent	
						Ві	Name		og .o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.	gom	
KIRWAN, DAVID P.						82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
6803 OVERSEAS HIGHWAY MARATHON FL 33050											· · · · · · · · · · · · · · · · · · ·
MARA	ITON FL 3	53050				83					
						84	City			85	Zip Code
11. Pursuant to	o the provision	ons of Sections 607.0502	and 607	.1508, Florida Statute	s, the abo	ve·n	amed corpor	ration submits this statement for the pur	pose of char	l l iging its	registered office
familiar wit	th, and accep	ot the obligations of, Sect	ion 607.0	change was authorize 505, Florida Statutes.	ed by the o	corpo	oration's boar	ration submits this statement for the pur rd of directors. I hereby accept the appo	pintment as r	egistere	ed agent. I am
SIGNATURE _		or printed name of registerod agent									
12.	orginatore, typica (OFFICERS AN			13.	Agent	signature recjuira	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND I	DIRECT	ORS IN 12
₹III£	PT			DELETE	1.1 T	ITLE				Change	
NAME		IDLER, MARVIN			1.2 N/	AME					
STREET ADDRESS CITY-S1-ZIP		tirrup key blyd. Thon fl					ADDRESS				
TITLE	SVP	MONTE		DELETE	1.4 CI 2. 1 Ti		- 2IP			Change	☐ Addition
NAME	SCHIN	idler, gail		<u></u>	2 2 N/				L	Change	
STREEL ADDRESS		TIRRUP KEY BLVD.			2351	REET	ADORESS				
CITY - ST - ZIP	MARA	THON FL			2 4 C		-ZIP				
TITLE NAME				DELETE	3 1 TI					Change	☐ Addition
STHEET ADDRESS					32 NA		ADDRESS				
CITY - St - ZIP					3.4 Ci						
TITLE				DELETE	4. 1 Ti					Change	Addition
NAME					4.2 NA	ME					
STREET ADDRESS							ADDRESS				·
CITY-ST-7IP				DELETE	4.4 CF 5 1 TI		- ZIP			Change	Addition
NAME					5 2 NA					ынпус	☐ Addition
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP				E 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5.4 Cit		- ZIP				
TITLE				DELETE	6. 1 Ti					Change	Addition
NAME STREET ADDRESS					6.2 NA		IDODECE				
CITY-ST-7:P					6.4 CIT		ADDRESS - 7IP				
~~ ~~					0.4 011						

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 conditation of the receiver or mystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or go an attachment with a gradoress.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

IMARVINI F. Schindler 15-AVE 96 747-5658
ICER OR DIRECTOR
Date Phone 6

CR2E034 (1