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

690463 DOCUMENT #

(5)

Principal Place of Business Mailing Artdress C/O JOSEPH PETRUZELLI 4819 SW 5TH PLACE CAPE CORAL FL 33914 CONSTRUCTION, INC. Mailing Artdress C/O JOSEPH PETRUZELLI 4819 SW 5TH PLACE CAPE CORAL FL 33914					
				3. Date Incorporated or Qualific 06/16/1981	d 3a. Date of Last Report 04/19/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. F£1 Number 59-2119299	Applied For
Printer And A	4 ale	26	·· ·	J9 2 1 13233	Not Applicable
Suite. Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
Ζιρ 4	Country 25	Ζφ 29	Country 30		or intangible tax under s. 199.032, res No
	9. Name and Address of Curi			10. Name and Address of Nev	
			81 Name		
PETRUZELLI, JOSEPH 4819 SW 5TH PLACE			82 Street Add	Iress (P.O. Box Number is Not Accept	tablei
			L		
CAPE C	ORAL FL 33914		83		
			84 City		FL 85 Zip Code
SIGNATURE	h, and accept the obligations of, Se Synatize Spect of relitations of ray amount OFFICERS A		13.		DATE FFICERS AND DIRECTORS IN 12 Change Addition
NAME STREET ADORESS CITY-ST-ZIP	PETRUZELLI, JOSEPH 4819 SW 5TH PLACE CAPE CORAL, FL 0		1.3 STREET ADDRESS 1.4 C-TY - ST - 7 P		Colony Auditor
TITLE NAME STREET ADORESS	VD PETRUZELLI, EMMA 4819 S.W. 5TH PLACE CAPE CORAL FL	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS		☐ Change ☐ Addition
ITLE	074 E 0017 E 1 E	☐ DELETE	2.4 City - St. 7/P 3.1 Title		Charge Addition
NAME			3.2 NAM:		D and de D vegetion
STREET ADDRESS			3.3 STHEFT ADDRESS		
CITY-ST-ZIF			3 4 City - \$1 - 7iP		
ITLE		☐ DETE1E	4 1 TIFLE		Change Addition
IAME			4.2 NAME		
THEET ADDRESS			4.3 STREET ADDRESS		
ITY - ST - ZIP			4 5 3 NCC1 ADDRESS		
ITLE NATE		Doctor	4.4 CITY - ST - 7IP		
AME		☐ DELETE	4.4 CITY - ST - 71P 5.1 TITLE		Change Addition
TREET ADDRESS		☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME		Change Addition
		☐ DELETE	4.4 City - ST - ZiP 5.1 Title 5.2 NAME 5.3 STREFT ADDRESS		Change Addition
			4 4 City - ST - ZiP 5 1 TITLE 5 2 NAME 5 3 STREFT ADDRESS 5 4 City - ST - ZiP		
OTY-ST-ZIP OTLE		☐ DELETE	4 4 City - S1 - ZiP 5 1 Title 5 2 NAME 5 3 STREET ADDRESS 5 4 City - S1 - ZiP 6 1 Title		Change Addition
			4 4 City - ST - ZiP 5 1 TITLE 5 2 NAME 5 3 STREFT ADDRESS 5 4 City - ST - ZiP		
TLE			4 4 City - S1 - ZiP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 City - S1 - ZiP 6 1 TITLE 6 2 NAME		

I do heraby 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 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

oath, that I am an one appears in Block 12 or Block 13 if changed, or one of the state of Signature:

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4-29-96 941-542-4851

CR2E034 (12/95)