SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # F00083 (8)				96 SEP 25	AM 10: 14
NORTH	ICO CONSTRUCTION, INC.	•			
Poncipa Plac	e of Business	Mailing Address	1975-1971-1971-1971-1971-1971-1971-1971-	-	## ##### QVD## QVQ######################
PO BOX 4426 TEQUESTA FI US		PO BOX 4426 TEOUESTA FL 33469 US		Date Incorporated or Qualified	3a. Date of Last Report
				10/01/1980	05/01/1995
	nace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. elc	Suite, Apt #, etc	· · · · · · · · · · · · · · · · · · ·	59-2035670	Not Applicable  \$8.75 Additional
22	7, 100	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for its	Added to Fees intangible tax under s. 199.032,
4	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	ni Hegisterea Agent	81 Name	10. Name and Address of New Re	gistered Agent
	omson, Paul I e. Riverside dr 37				
	PITER FL 33469		82 Street Add	ress (P.O. Box Number is Not Acceptab	
			83	90000,1,5	1727099 96-01026-014
•			84 City		5.Q <b>p_</b> *****225°.UU
11 Program (	to the provisions of Sections 607.050	12 and 607 1508 Florida Statu	tes the should parced core		
C1				organical application and appropriate for the br	albase or printiding its registered
	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Fl	authorized by the corporation or ida Statutes.	oration submits this statement for the pu on's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Separation Typical or probled name of registered ag-	eof and title if applicable (NC	TE Regislered Agent signature requit	red when reinstating)	DATE
SIGNATURE	Separation Typical or probled name of registered ag-		TE Registered Agent signature requir	od when reinstatings ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIBECTORS IN 12
SIGNATURE	Streeter, Ignet or probled name of registered as OFFICERS AN PD THOMSON, PAUL	ent and title if applicable (NC	TE Registered Agent signature requir	od when reinstatings ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIBECTORS IN 12
SIGNATURE  12.  IIILE  HAME	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ent and title if applicable (NC	TE Registered Agent signature requir	od when reinstatings ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIBECTORS IN 12
SIGNATURE  12.  THE  NAME STREET ADDRESS CHY-ST-71	Streeter, Ignet or probled name of registered as OFFICERS AN PD THOMSON, PAUL	ora and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	addressings ADDITIONS/CHANGES TO OFFICE 479 Scabrook Fegursta, FC	COATE CERS AND DIRECTORS IN 12 Change Addition Coacl 33469
SIGNATURE  12.  HILE  NAME STREET ADDRESS CHY-ST-71	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ent and title if applicable (NC	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	addressings ADDITIONS/CHANGES TO OFFICE 479 Scabrook Fegursta, FC	COATE CERS AND DIRECTORS IN 12 Change Addition Coacl 33469
SIGNATURE  2.  IIILE  HAME  STREET ADDRESS  CHY-ST-71  THE  HAME	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ora and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	addressings ADDITIONS/CHANGES TO OFFICE 479 Scabrook Fegursta, FC	COATE CERS AND DIRECTORS IN 12 Change Addition Coacl 33469
SIGNATURE  12.  UILE HAME STREET ADDRESS CHY-ST-ZU THE NAME STREET LADDRESS	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ora and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	od when reinstatings ADDITIONS/CHANGES TO OFFIC	COATE CERS AND DIRECTORS IN 12 Change Addition Coacl 33469
SIGNATURE  12.  UILE HAME SINEET ADDRESS CHY-ST-ZU LILE HAME SINEET LADDRESS CHY-ST-ZU LILE HAME SINEET LADDRESS	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ora and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE  479 Sea brook  Fequesta, FC  COTT Thomson  1,0.80x 3243  Equesta, FL 33	CATE CERS AND DIRECTORS IN 12  Ly Change Addition 33469  Change M Addition 469 Parsident
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS CHY-ST-ZT	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	Change Addition
SIGNATURE  12.  UILE NAME STREET ADDRESS CHY-ST-ZU LTLE NAME STREET ADDRESS CHY-ST-ZU LTLE NAME STREET ADDRESS CHY-ST-ZUP ULE VAME	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICE  479 Sea brook  Fequesta, FC  COTT Thomson  1,0.80x 3243  Equesta, FL 33	Change Addition
SIGNATURE  2.  HILE  HAME  SPRET ADDRESS  CHY-ST-ZU  THE  HAME  STRE LANGRESS  CHY-ST-ZU  HILE  HAME  SIRE LANGRESS	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	CRS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition
SIGNATURE  2.  INTE  NAME  STREET ADDRESS CHY-ST-ZIP  THE  STREET ADDRESS CHY-ST-ZIP  HAM  STREET ADDRESS CHY-ST-ZIP  HAM  STREET ADDRESS CHY-ST-ZIP  HE  HAM  STREET ADDRESS CHY-ST-ZIP  HE  HE  HE  HE  HE  HE  HE  HE  HE  H	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIDLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	CANCE Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  2.  INTE  NAME  STREET ADDRESS CHY-ST-ZP  THE  NAME  STREET ADDRESS CHY-ST-ZIP  HAM  STREET ADDRESS CHY-ST-ZIP  THE  STREET ADDRESS CHY-ST-ZIP  THE  CAME  CAME	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIDLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	DATE DERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE  12.  INTE  NAME  STREET ADDRESS  DITY, ST. ZU  THE  NAME  STREET ADDRESS  DITY, ST. ZUP  HE  NAME  STREET ADDRESS  DITY, ST. ZUP  HE  NAME  STREET ADDRESS	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TIDLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	CRS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition
SIGNATURE  12.  DILE  NAME STREET ADDRESS  CHY-ST-ZP  THE  NAME SIRE LADDRESS  CHY-ST-ZP  THE  VAME SIRE LADDRESS  CHY-ST-ZP  THE  VAME SIRE LADDRESS  CHY-ST-ZP  THE  VAME STREET ADDRESS  CHY-ST-ZP  THE  VAME STREET ADDRESS  CHY-ST-ZP	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	ord and title if applicable (NC ND DIRECTORS DELETE DELETE DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIDLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	CRS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition
SIGNATURE  12.  INTE  NAME  STREET ADDRESS  DITY ST-ZIP  ITTE  IAME  STREET ADDRESS  DITY ST-ZIP  ITTE  I	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	OF AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	Change Addition  Addition  Change Addition
SIGNATURE  12.  HILE  HAME  STREET ADDRESS  DITY ST-711  LILE  HAME  STREET ADDRESS  DITY ST-216  FILE  CAME  STREET ADDRESS  DITY ST-216  FILE  CAME  STREET ADDRESS  DITY ST-710  ILLE  HAME	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	OF AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIPLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	Change Addition  Addition  Change Addition
SIGNATURE  2.  JULE  JAME  JAM	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	OF A AND THE P APPRICABILE  ND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIPLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	Change Addition  Addition  Change Addition
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SIGNATURE  12.  UILE  NAME  STREET ADDRESS  CHY-ST-ZU  LTLF  NAME  STREE LADDRESS  CHY-ST-ZU  UILF	PD THOMSON, PAUL 141 E. RIVERSIDE DE #37	OF A AND THE P APPRICABILE  ND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ADDITIONS/CHANGES TO OFFICE  479 Seabrook  Tequesta, FC  Cott Thomson  O, Box 3243  Equesta, FL 33	Change Addition

made colder dath, that I am an office or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my hame appears in Block 12 or Block 13 in changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR