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FILED  
Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F31142 (5)

1. Corporation Name:

M.D. CARLISLE CONSTRUCTION CORPORATION OF FLORIDA  
A

Principal Place of Business  
58-17 FRANCIS LOUIS BLVD.  
BAYSIDE NY 11364

Mailing Address  
58-17 FRANCIS LOUIS BLVD.  
BAYSIDE NY 11364



3. Date Incorporated or Qualified 04/17/1981  
3a. Date of Last Report 04/11/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22-2348711	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

GRANT, JOHN  
1701 LEE ROAD  
SUITE A  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP FELDMAN, HARRY 5305 WOODLANDS BLVD TAMARAC FL	1.1 TITLE	Change Addition
NAME	DV SCHLEIMER, LOUIS 30 JAEGER DR GLEN HEAD NY	1.2 NAME	Change Addition
STREET ADDRESS	DV NEWLER, THEODORE 31 DR FRANK RD SPRING VALLEY NY	1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP	DV LEWIS, RICHARD 1892 COLE DRIVE EAST MEADOW NY	1.4 CITY-ST-ZIP	Change Addition
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	Change Addition
STREET ADDRESS		2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	Change Addition
STREET ADDRESS		3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	Change Addition
STREET ADDRESS		4.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	Change Addition
STREET ADDRESS		5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	Change Addition
STREET ADDRESS		6.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

14. I do 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 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.

SIGNATURE: Richard Lewis RICHARD LEWIS

2/13/97

718/631-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0612211

CR2E034 (9/96)