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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Feb 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F45398

(7)

P. & S. CONSTRUCTION INC. OF BOCA RATON

Principal Place % PAUL M. MA 5540 NW STH	ARIANI AVENUE	Mailing Address * PAUL M. MARIANI 5540 NW 5TH AVENUE	% PAUL M. MARIANI						
BOCA RATON FL 33487-3706		DOOR PRIORIE WHO WHO				3. Date Incorporated or Qualified 09/21/1981			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-		plied For
Suite, Apt	# ole	Suite Apt #, etc.			· · · · · · · · · · · · · · · · · · ·	59-2139668	S		t Applicable Additional
22	#, etc.	27				5. Certificate of Status Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip 29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ Yes □ No			
24	25 9. Name and Address of Curren		30]		••••	10, Name and Address of New Reg			
AM	RIANI, PAUL M.			81	Name				
	O NW 5TH AVENUE		82 Street Ad		ddress (P.O. Box Number is Not Acceptab	le)			
	CA RATON FL 33431				· · · · · · · · · · · · · · · · · · ·				
				63					
				64	City		FL 85	Zip (Code
Ι αξύσο στι	registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was ations of, Section 607.0505, F	authori: Iorida S	zed by tatutes	the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of char t the appointm	nging its nent as	s registered registered
12.	Signature, spection printed name of inglitering age OFFICERS AN			3.	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE		ECTOF	RS IN 12
TITLE	DP	DELETE		TIFLE				Change	Addition
NAME	MARIANI, PAUL M		1.2	2 NAME					
STREET ADDRESS	5540 NW 5TH AVENUE		1.3	STREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 00000			CITY-S	T-ZIP			<u> </u>	1 de après de
TITLE		DELETE		1 TITLE			ا لـــا	Change	Addition
NAME				2 NAME	ADDOCAC				
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 City-St-Zip					
CITY-S1-ZIP		DELETE	31 TITLE		51 - ZIF			Change	Addition
NAME		•	3	2 NAME			*,		
STREET ADDRESS			3	3 STREET	ADDRESS	•			
CITY-S1-ZIP			3.	4. CITY - S	ST-ZIP				
TITLE		DELETE	ŀ	1 TITLE				Change	Addition
NAME				2 NAMÉ					
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP		DELETE		<u>4 C/TY - S</u> 1 TITLE	1 - Z)P			Change	Addition
I TITLE NAME		, precis		2 NAME					
STREET ADDRESS]				ADDRESS				
CITY-S1-ZIP				4 CITY - S					
TITLE		DELETE	6	1 TITLE				Change	Addition
NAME			6.	2 NAME					
STREET ADDRESS			6.	3 STREET	ADDRESS				
CITY-ST-ZIP		1 91 41 491		4 CITY-S		table in Continue 110 OZ/OV/S Provide City and	a lituribas see	4(6, , 4L - 4	the
informate	on indicated on this appual report or	supplemental annual report is ir the receiver or trustee empo	s true ar owered t	id acci	irata and	lated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega eport as required by Chapter 607, Florida S	il effect as if m statutes; and th	iade un	ider oath; that name