FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

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NAME

F45398

(7)

P. & S. CONSTRUCTION INC. OF BOCA RATON

L					
Principal Place of Business		Mailing Address		"	f (marenn feet giunt miten seien imme anti gemet einer neute atust ütwet enni
% PAUL M. I 5540 NW 5TH BOCA RATOR	*** ******	% Paul M. Mariani 5540 NW 5TH Avenue BOCA RATON FL 33487-3706			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
					09/21/1981
2. Principal P	Place of Business	2a. Mailing Address			4. FE! Number Applied For
21		26			59-2139668 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 30	Country	y 	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No
Name and Address of Current Registered Agent				1	10. Name and Address of New Registered Agent
MARIANI, PAUL M.			81	Name	
5540 NW 5TH AVENUE			82	Street A	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431			<u> </u>	 	
			83	 	
			84	,	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, B	egistered Ag	ent signature r	regulated when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	MARIANI, PAUL M	- CITH AUT	1.2 NAME	ļ	
STREET ADDRESS	DORESS 5540 NIN STHEMUE 2398 N. B. 4		1.3 STREET	T ADDRESS	
CITY-ST-ZIP	MARIANI, PAUL M 5540 NW-5TH-AVENUE Z3 98 N E 4 TH AUS 1.21 1.31 SI-ZIP BOCA RATON, FL 00000 BOCA RATOR FLA3344.141		V 1.4 CITY-9	ST-ZIP	
TITLE			2.1 TITLE		Change Addition
NAME 221		2.2 NAME	1		

2.3 STREET ADDRESS

2. 4 CITY - \$T - ZIP

3.4. CITY - ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

14. 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: Paul MM ORENBEPWARE MANUS

1/30/98 C56.

FILED

Feb 05 1998 8:00am

Secretary of State

C561) 988-9199

Change

Change

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Change

CR2E034 (10/97)

Addition

Addition

Addition

Addition