OCONU.	NOTICE: CORPORATION WILL B	E DISSOLVED ON OR AFTER A	UGUST 7, 1996.		
AMOUNT DU	E ON OR BEFORE 8/7/96: \$225 (IF DIS	SOLVED, MINIMUM AMOUNT DUE	TO REINSTATE: \$375.)	ר	
PROFIT FLORIDA DEPARTMENT OF STATE					
CORPORATION Sandra B. Mortham					
ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
	1996	DIVISION OF CC	DRPORATIONS	1	
DOCU	IMENT # F7624	47 (8)			
	AR CONSTRUCTION, INC.			A TOURISM AND FORM DIRECTOR BURNES	DEL BIEN SIGK BIÐA BIÐA SIÐA SIÐA SIÐA SIÐA
Principal Place of Business Mailing Address					
	i P Olear Indmark d r	% JOSEPH P OLEAR 4520 N LANDMARK DR	% JOSEPH P OLEAR 4520 N LANDMARK DR		
ORLANDO FL 32817		ORLANDO FL 32817			3a. Date of Last Report
				04/14/1982	05/01/1995
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number 59-2199880	Applied For Not Applicable
Suite, Ap	at the etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required \$5.00 May Be
City & St 23	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zιρ	Country	This corporation has liability for Florida Statutes	intangible tay under s 199 032. Yes No
24	9. Name and Address of Curi	1	30	10. Name and Address of New Ro	<u> </u>
<u> </u>		olit Hogistolog Hadin	B1 Name		
	OLEAR, JOSEPH P		82 Street Add	ress (P.O. Box Number is Not Accepta	bie)
	4520 N LANDMARK DR ORLANDO FL 32817				
	OIDAIDO I E OLOI:		83		
			84 City		FL 85 Zip Code
11 Pursua	ant to the provisions of Sections 607.0	0502 and 607, 1508, Florida Statute	es the above named corp	poration submits this statement for the plants hoard of directors. I hereby accept	ourpose of changing its registered
office o	or registered agent, or both, in the Sta I am familiar with, and accept the ob-	ate of Florida. Such change was a digations of, Section 607.0505, Flo	uthorized by the corporat irida Statutes	poration submits this statement for the plant's board of directors. I hereby accept	the appointment as regions 2
SIGNATUR			E. Rogistored Agent signature requ		DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PTD	DELETE	11 TITLE		Change Addition
NAME	OLEAR, JOSEPH P		1.2 NAME		
STREET ADORE		VE.	1 3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		Change Addit on
TITLE NAME	VSD OLEAR, JOSEPH G	ь	2 2 NAME		
STREET ADDRE		VE	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2 4 CITY - S1 - ZIP		Change Addition
TITLE		DELETE	3 1 TITLE 3 2 NAME		<u> </u>
NAME OTOSST ADODI	ree l		3 3 STREET ADDRESS		
STREET ADORE	199		3.4 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDA	ESS :		4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDR	ESS		5.3 STREET ADDRESS		
			<u> </u>		

CITY-ST-ZIP

14. If do hereby 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 supplied with 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with all address.

5 4 CITY - ST - ZIP

6.1 TITLE

SIGNATURE:

CITY - ST - ZIP

TITLE NAME

THE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OF DIRECT

DELETE

Change Addition