FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

F89857 **DOCUMENT #**

(9)

INDUS CONSTRUCTION COMPANY, INC.

Mailing Address

7041 GRAND NATIONAL DR. #115 (32819) P.O. BOX 616703 ORLANDO FL 32861

Principal Place of Business,

7041 GRAND NATIONAL DR. #115 (32819) P.O. BOX 616703 ORLANDO FL 32861

FILED Feb 08 1996 8:00 am Secretary of State

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3. Date Incorporated or Qualified 3a. Date of Last Report

					07/07/1982	05/10	//199 5
2. Principal Plac	ce of Business	2a. Mailing Address	=		4. FEI Number		Applied For
17041	GRONDIN ATTONAL I	126 7041 GRA	W DHAMO	um DR.	59-2214372		Not Applicable
Suite, Apt. #,	etc. # 105	Suite, Apt. #, etc.	# 105	-	5. Certificate of Status Desire	KI II T	3.75 Additional Fee Required
Oity & State	NOO KUMDA	City & State	vos fi	LORIDA	Election Campaign Financi Trust Fund Contribution	· 🗆 🔻	5.00 May Be Added to Fees
7p		Zip no n	Count	try	8. This corporation has liabilit	y for intangible tax und	ier s 199.032,
328	19 (Country SA	32819	30)'SA		Yes No	
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of N	ew Registered Agen	<u>t</u>
			1	Name 5	HAMP NASIA	ر	
7041 GR	SHAHID M. IAND NATIONAL DR #115 IO FL 32819			Street Addre	ass (P.O. Box Number is Not Acc 6 化分かり レみかか ぐみ	eptable)	#105
					-LANDO	FL 85	Zio Code 372819
Pursuant to or registere	the provisions of Sections 607.050 d agent, or both, in the State of Flor	2 and 607.1508, Florida Statification in the state of the	utes, the above	e-named corpora orporation's board	ation submits this statement for the d of directors. I hereby accept the	ne purpose of changing appointment as regist) its registered offic tered agent. I am
familiar with	i, and accept the obligations of Sec	ction 607.0505, Florida Statut	es.				
ignature 🧠	The Light of the printed name of registered ages	The standard of the standard o		MES NO 6 ~		2 2 2 4 6 DATE	
		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO	OFFICERS AND DIRE	CTORS IN 12
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(IY-\$1-Zit	y certify that the information supplied	I with this filing is voluntarily for	urnished and o	loes not qualify for	or the exemption stated in Section	n 119.07(3)(k), Fiorida !	Statutes. I further

This highly clearly 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SHAMO NAME

2/2/96 (407) 352-5581