## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Sep 02 1997 8:00am

Secretary of State

## DOCUMENT # F9200000930 (9)

## PROJECT ESTIMATING SERVICES INC

Principal Place of Business   Po BBX 1188   STUART FL 34995   US   STUART FL 34995   US   STUART FL 34995   DO NOT WRITE IN THIS SPACE   3. Date Incorporated of Qualified   3e. Date of Last Report   12/14/1992   07/12/1996   3e. Date Incorporated of Qualified   3e. Date of Last Report   12/14/1992   07/12/1996   No. Date Incorporated of Qualified   3e. Date of Last Report   12/14/1992   07/12/1996   No. Date Incorporated of Qualified   3e. Date of Last Report   12/14/1992   No. Date Incorporated of Qualified   3e. Date of Last Report   12/14/1992   No. Date Incorporated of Qualified   3e. Date of Last Report   12/14/1992   No. Date   No. Date Incorporated of Qualified   No. Date of Last Report   12/14/1992   No. Date Incorporated of Qualified   No. Date of Last Report   No. Date	'				
STUART FL 34995 US  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Sulfo, Apt. #. etc. 2. City & State 2. City & State 2. City & State 2. Do North Walter Business 2. Sulfo, Apt. #. etc. 2. Sulfo, Apt. #. etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Page 2. Page 3. Sulform Principal Place of Status Dosited \$\frac{1}{2}\$ \$8.75 Additional Fee Regulated Controllation \$\frac{1}{2}\$ \$9.75 Additional Fee Regulated Controllation \$\	O BOX 1126	Mailing Address	<del></del>		II BOLIL BOIN OUND LOIGH INN DON INN
2. Principal Place of Business 2. Mailing Address 4. F. Humber Applied For St. Sulle, Apt. 8, etc. 2. Sulle, Apt.	TUART FL 34995	STUART FL 34995		DO NOT WRITE	IN THIS SPACE
A. FEI Number   Applied For				3. Date Incorporated or Qualified	3a. Date of Last Report
Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Qountry  Zip  Country  Zip  Qountry  Zip  Qountry  Zip  Country  Zip  Ocuntry  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 20 In Press  No  None and Address of New Registered Agent  VENDETTE, ANDRE  78 SE MILLWOOD TERRACE  STUART FL 34997  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 registere address (F.O. Box Number is Not Acceptable)  ST 3 W VOLET AVE  Signature, typed or prender degend, or both, in the State of Fiorida. Such change was authorized by the corporations bove or submits this statement for the purpose of changing its registere adjusted agent, or both, in the State of Fiorida. Such change was authorized by the corporation should of directors. Inheritation for the purpose of changing its registere adjusted agent, or both, in the State of Fiorida. Such change was authorized by the corporation should of directors. Inheritation for the purpose of changing its registere adjusted agent, or both, in the State of Fiorida. Such change was authorized by the corporation should of directors. Inheritation for the purpose of changing its registere adjusted agent, or both, in the State of Fiorida. Such change was authorized by the corporation should of directors. Inheritation for the purpose of changing its registere adjusted agent, or both, in the State of Fiorida. Such change was authorized b					07/12/1996
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business				<del></del>
City & State  Co				65-0363889	Not Applicable
Zip   Country   Zip   Country   Zip   Country   Sip		27	***	5. Certificate of Status Desired	Fee Required
Zip	City & State	<del></del>		1	
24	Zip Country		Country		
VENDETTE, ANDRE 76 SE MILLWOOD TERRACE STUART FL 34997  11. Pursuant to the provisions of Sections 607 0509 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was enther/Red by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was enther/Red by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was enther/Red by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was enther/Red by the corporation's board of directors. Thereby accept the appointment as registered agent with, and accept the obligations of, Section 607-656, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and plin if applicable (MOTE Registered Agent separative required when remained when re	, '—¬	├─¬ ` }-		•	
The provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, upped or printed nene of 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, upped or printed nene of registered agent and fill if apricable (NOTE Registered Agent ag			391		<u> </u>
The SE MILLWOOD TERRACE STUART FL 34997  82 Street Address (P.O. Box Number is Not Acceptable)  83	VENDETTE, ANDRE		81 Name		
STUART FL 34997  83  84 City ST LULIE FL 85 Zip Code 3/9 / 8 Zip Code 3/9			82 Street Add	tress (P.O. Boy Number is Not Acceptat	na)
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent, or both, in the State of Florida. Such change was authorized byte corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and lift if applicable   (NOTE Registered Agent signature required when reinstating)   DATE	STUART FL 34997		553	SW VIOLET AV	<b>6.</b>
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 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, 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, 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, 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, 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, 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, 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, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent agent and the such as a state of directors. I hereby accept the appointment as registered agent agent and the such as a state of directors. I hereby accept the appointment as registered agent agent and registered agent agent and registered agent age			83		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 Statules.  SIGNATURE    Signature			84 City		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 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 lifter applicable   (Note Registered Agent segnature required when re-installing)   DATE			10	AT ST LULIE	FL    349 <i>x 3</i>
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 re-nistating)  12. OFFICERS AND DIRECTORS 19.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE CP	Pursuant to the provisions of Sections 607.6     office or registered egent, or both, in the St.	0502 and 607.1508, Florida Statute	s, the above-named countries the corner	rporation submits this statement for the patient's board of directors. I hereby access	ourpose of changing its registered
12.	agent. I am familiar with, and accept the ob	oligations of Section 607.0505, Flor	rida Statutes.	anon's board of directors. Thereby accept	st the appointment as registered
12. OFFICERS AND DIRECTORS  TITLE NAME VENDETTE, ANDRE STREET ADDRESS CITY-ST-ZIP STUART FL  DELETE  DELETE  1.1 TITLE NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP NAME ESTREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 3.4 CITY-S1-ZIP TITLE DELETE 4.5 TITLE DELETE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addit	IGNATURE				
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	TLE AME	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	ILE AME Reet address	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition
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; 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 attachingent with an address.	RLE  AME  REET ADDRESS  TY-ST-ZIP  4. I do hereby certify that the information supp	plied with this filing does not qualify	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP (for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the

CONSTUDE. ALLE MOUNDED ANDRE VENDETTE 0-21-97 CL-343-931