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

**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE: William



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

F95000002315 (8)

| DOCUN<br>1. Corporation :<br>BUILDI               | MENT # <b>F950</b> 0<br>NG CONTRACTING, INC.     | 00002315 (  | 8)  |   |                                   |
|---|--|---|---|---|-----------------------------------|
| Principa Place c                                  | of Business                                      | Mailing Address   |   |   | 00111                             |
| 6700 EXCELSIOR BLVD. #229<br>MINNEAPOLIS MN 55426 |  | 6700 EXCELSION B<br>MINNEAPOLIS MIN                                 |   |   |                                   |
| a winn to r                                       |  |   |   | 3. Date incorporated or Qualified 05/11/1995  | 3a. Date of Last Report           |
| 2. Principa! Pac<br>1                             | e of Business                                    | 2a. Mailing Address 26  |   | 4. FEI Number<br>41-1742427   | Applied For                       |
| : i<br>  Suite, Apt. #.                           | eto  | Suite, Apt. #, etc.   |   |   | Not Applicable  \$8.75 Additional |
| ?   |  | 27  |   | 5. Certificate of Status Desired  | Fee Required                      |
| □ City & State<br>i                               |  | City & State  |   | 6. Election Campaign Financing  | \$5.00 May Be                     |
| Т   | Country  | <b>28</b>   | Country   | Trust Fund Contribution   | Added to Fees                     |
|   | 25   | 29  | 30  | 8. This corporation has liability for in Florida Statutes   |                                   |
|   | 9. Name and Address of Curre                     | ent Registered Agent  |   | 10. Name and Address of New Re  | gistered Agent                    |
| 07.000  |  |   | 81 Name   |   |                                   |
|   | PORATION SYSTEM                                  |   | 82 Street Add   | ress (P.O. Box Number is Not Acceptable   | )                                 |
|   | Pine Island Rd.<br>Tion FL 33324                 |   | 83  |   |                                   |
| FLANIA  | 110N FL 33324                                    |   |   |   |                                   |
|   |  |   | 84 City   |   | FL 85 Zip Code                    |
| 2.  |  | ND DIRECTORS  | NOTE Registered Agent signahire require                           | of which renstatings ADDITIONS/CHANGES TO OFFICE  | DATE<br>ERS AND DIRECTORS IN 12   |
| ITLF  | PDC  | DECETE  | 1 1 TITLE   |   | ☐ Change ☐ Addition               |
| AMA<br>DBH LADDRESS                               | LINES, WILLIAM M<br>6700 EXCELSIOR BLVD, #1      | 220   | 1 2 NAME  |   |                                   |
| ely St. Zift                                      | MINNEAPOLIS MN 55426                             | 269   | 1.3 STHEFT ADDRESS<br>1.4 CITY - ST - ZIP                         |   |                                   |
| 11.5  | VDC  | ☐ DELETE  | 2 1 TillE   |   | Change Addition                   |
| V <b>.</b> 4.                                     | LINES, CORINNE D                                 |   | 2.2 NAME  |   |                                   |
| ROLL ARCH 45%                                     | 6700 EXCELSIOR BLVD, #                           | 229   | 2 3 STREET ADDRESS  |   |                                   |
| 18 St Zir   | MINNEAPOLIS MN 55426                             | Floory  | 2 4 CHY-SI-ZIP  |   |                                   |
| 1 E<br>NAN  |  | DELETE  | 3 1 1111.8  |   | Change Addition                   |
| IFEE! ADDRESS                                     |  |   | 3.2 NAME<br>3.3 STREET ADDRESS                                    |   |                                   |
| FY 81 70  |  |   | 3.4 City St-ZiP   |   |                                   |
| ur l  |  | DELETE  | 4 1 THE   |   | Change Addition                   |
| AMI:  |  |   | 4 2 NAME  |   |                                   |
| BEET AUGRESS                                      |  |   | 4.3 STREET ADDRESS  |   |                                   |
| 1v-\$1 Ze   |  | FTT No. tro   | 4.4 City ST-ZIP   |   |                                   |
| 11)<br>17)  |  | DELETE  | 5 : TITLE   |   | Change ( Addition                 |
| ISÉEL ADORSON                                     |  |   | 5.2 NAME<br>5.3 STREET ADDRESS                                    |   |                                   |
| Ty St Zie   |  |   | 54 CITY-ST-ZIP  |   |                                   |
| n.r   |  | DETENT  | 6 1 1:TLE   |   | ☐ Change ☐ Addition               |
| AM1   |  |   | 6.2 NAME  |   | _ , _                             |
| TRUET ADDIEDSS                                    |  |   | 6.3 STREET ADDRESS  |   |                                   |
| (IY ST ZHE  | Santa and Talance and the Comment of the Comment |   | € 4 CITY - ST - ZIP   |   |                                   |
| oatin, that Fa                                    | RETURNATION FRANCISCO CONTRACTOR                 | iudi report or supplemental ar<br>ioration or the receiver or trusi | inual report is true and accura-<br>lee empowered to execute this | or the exemption stated in Section 119.07<br>te and that my signature shall have the se<br>s report as required by Chapter 607, Flori | voo loogi offosi aa if waada      |

1-24-96 612 935.6783