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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F9500005682 (8)

	EMENT CONSTRUCTION (De of Business NY 13601	Mailing Address PO BOX 201 WATERTOWN NY 13601-0201			
				3. Date Incorporated or Qualified 11/21/1995	3a. Date of Last Report 05/01/1996
2. Principal F	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		16-1104538	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	te	28)		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	·
24	25	29	90]	Florida Statutes]Yes █️No
	9. Name and Address of Curi	ent Registered Agent	81 Name C1	10. Name and Address of New Re ement, Timothy J. c/o	<u> </u>
318	EMENT, TIMOTHY J BO OWASA CT. SIMMEE FL 34746		82 Street Addi 15 83 Un:	ess (P.O. Box Number is Not Acceptat [05 Vanderbilt Drive it 309	
SIGNATURE	Stohenge, lyand or paying prince registered	egent and toe P applicable (NOTL)	Registered Agent signature requi		4/29/97
12. TITLE	PDC	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CLEMENT, PAMELA	perite	1.2 NAME		that one ige Addition
STREET ADDRESS	24495 BUSH RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CALCUIM NY 13616		1.4 C(TY - ST - 7(P		
TITLE	VOC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CLEMENT, TIMOTHY		2.2 NAME		
STREET ADDRESS	24495 BUSH RD. CALCUIM NY 13616		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	CALCOIM III 13010	DELETE	2. 4 CHY-ST-ZIP 3.1 THE		Change Addition
NAME			3.2 NAME		· -
STREET ADDRESS	į		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	4.4 CITY - S1 - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		L Ghange L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-7IP		
TITLE	 	DELETE	61 TITLE		☐ Change ☐ Addition
	1				
NAME			6.2 NAME		

14. I do 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 it manged, or on an attachment with an address.

ulsalas

(315) 788-8811

FILED

May 14 1997 8:00am

Secretary of State