FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G38465** (2)

1. Corporation Name

FASCO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
6801 LAKE WORTH ROAD SUITE #111 LAKE WORTH FL 33467 US	6801 LAKE WORTH ROAD SUITE #111 LAKE WORTH FL 33431 US

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: **05/16/1983**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **61-0658747** — Applied For / Not Applicable

5. Certificate of Status Desired: X — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

KIDD, WILLIAM R.
421 DELANNEY AVENUE
COCOA FL 32922

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	FERRIELL, FRED M.	
STREET ADDRESS	2019 HENLEY PLACE	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	[ ] DELETE
NAME	MERCKER, GEORGE E.	
STREET ADDRESS	401 KENTUCKY HOME LIFE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	TD	[ ] DELETE
NAME	MATTHEWS, KAREN R	
STREET ADDRESS	18123 BLUE LAKE WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	[ ] DELETE
NAME	FERRIELL, ROBERT A	
STREET ADDRESS	2408 WESTWOOD AVE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[X] Change [ ] Addition
3 NAME		
3 STREET ADDRESS	10505 Rio Lindo	
3 CITY-ST-ZIP	Delray Beach, FL 33446	
4 TITLE		[X] Change [ ] Addition
4 NAME		
4 STREET ADDRESS	1403 Regal Springs Court	
4 CITY-ST-ZIP	Louisville, KY 40205	
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I 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 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 if changed, or on an attachment with an address.

SIGNATURE: X Karen Matthews Karen Matthews 1-26-96 407-969-7354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)