

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.)

FILED  
Aug 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # <b>G38465</b> (2) 1. Corporation Name <b>FASCO CONSTRUCTION, INC.</b>
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Principal Place of Business <b>6801 LAKE WORTH ROAD SUITE #111 LAKE WORTH FL 33467 US</b>	Mailing Address <b>6801 LAKE WORTH ROAD SUITE #111 LAKE WORTH FL 33431 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>724 N.W. 6th Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Boca Raton, FL</b> Zip Country 24 <b>33486</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>589 Brunner Hill Rd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Palmyra, IN</b> Zip Country 29 <b>47164</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>05/16/1983</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>61-0658747</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KIDD, WILLIAM R. 421 DELANNEY AVENUE COCOA FL 32922</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD FERRIELL, FRED M.</b>
STREET ADDRESS	<b>2019 HENLEY PLACE</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>SD MERCKER, GEORGE E.</b>
STREET ADDRESS	<b>401 KENTUCKY HOME LIFE</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD MATTHEWS, KAREN R</b>
STREET ADDRESS	<b>10505 RIO LINDO</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD FERRIELL, ROBERT A</b>
STREET ADDRESS	<b>1403 REGAL SPRINGS COURT</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President Ferriell, Fred M.</b>
1.3 STREET ADDRESS	<b>724 N.W. 6th St.</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Treasurer Matthews, Karen R.</b>
3.3 STREET ADDRESS	<b>589 Brunner Hill Rd.</b>
3.4 CITY-ST-ZIP	<b>Palmyra, IN 47164</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Vice President Pearl, Delmar</b>
5.3 STREET ADDRESS	<b>770 Sundial Ct., #412</b>
5.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32549</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

CR2E034 (4/97)