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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	MENT # G42184 I CONSTRUCTION, INC.	(3)			
Principal Place	e of Business	Mailing Address			BIBIT OFFIL SIDIE BIBIT BIBIT TIET IS II
587 FIELD END ROAD PO BOX 3409 SARASOTA FL 34240		P.O. BOX 3409 PO BOX 3409 SARASOTA FL 34230-3409	1		
US .	S4240	US	•	3. Date Incorporated or Qualified 06/03/1983	3s. Date of Last Report 05/14/1996
2. Principal P	íace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		65-0113534	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
13		28		Trust Fund Contribution	Added to Fees
Zipi 24]	Country	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☑ Yes ☐ No
:41	25 9. Name and Address of Curren		[30]	10. Name and Address of New Re	
FALS	TROM, KAREN A.		81 Nam	е	
	ARBORFIELD LANE		82 Stree	et Address (P.O. Box Number is Not Acceptal	ble)
SARA	ASOTA FL 34235		83		
			84 City		FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation by the obligation of the state of the obligation of th			orporation's board of directors. I hereby acce	pt the appointment as registered
12.	OFFICERS ANI	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
1-11.6	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	FALSTROM, KAREN A. 3469 HADFIELD GREENE		1.2 NAME 1.3 STREET ADDRESS	\$	
CHY-SI-ZiP	SARASOTA FL		1.4 CITY - ST - ZIP		
Title	SDT	DELETE	2.1 TITLE		Change Addition
NAME	FALSTROM, KEITH J.		2.2 NAME	.	
STREET ADDRESS CITY - ST - ZIP	2800 HARBORSIDE DRIVE LONGBOAT KEY FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
THILE	VD VD	DELETE	3.1 TITLE		Change Addition
NAME	FALSTROM, BRIAN G.		3.2 NAME		
STREET ADDRESS	2650 HYDE PARK ST.		3.3 STREET ADDRESS	S	
CHY-ST-ZIP TITLE	SARASOTA FL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		· •	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	s	
CITY - ST - ZIP		Dritte	4.4 CITY - ST-ZIP		Change Addition
TITLE NAME		∐ DELETE	5 1 TITLE 5 2 NAME		C Privings Modition
STREET AUDRESS			53 STREET ADDRESS	s i	
CHTY-S1-ZiP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDITIONS			6.2 NAME		
STREET ADDRESS CITY+ST- ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	·	
14. I do herel	by cortify that the information supplied	with this filing does not qua	lify for the exemption	stated in Section 119,07(3)(i), Florida Statute	s. I further certify that the
Lam an o	in indicated on the filter report or s flicer or directed of the appropriation or n Block 12 or Block 13 J. hanged, or	upplemental annual report is the receiver of trustee empo- on an attachment with an ac-	true and accurate at wered to execute this idraes.	nd that my signature shall have the same leg, s report as required by Chapter 607, Florida	at effect as if made under oath; that Statutes, and that my name