COF ANNL	PROFIT RPORATION JAL REPORT 1996	Sandra Secre	ARTMENT OF STATE  B Mortham  tary of State  CORPORATIONS		
DOCUI	MENT # <b>G660</b>	25 (9)			
	ER'S GREEN CONSTRUC	TION, INC.		 	)
6800 PLACIDA RD. 6800		Mailing Address 6800 PLACIDA RD. ENGLEWOOD FL 342	24		
å				<ol> <li>Date incorporated or Qualified 10/24/1983</li> </ol>	3a. Date of Last Report 08/25/1995
2. Principal Plants	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2409026	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Adoed to Fees
Zip 4	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
<b></b>	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
	NOOD FL 34224		<b>83 84</b> City		<b>■ 85</b> Zip Code
<ol> <li>Pursuant t or register</li> </ol>	to the provisions of Sections 607.050 ed agent, or both, in the State of Fig.	02 and 607.1508, Florida Statut	es, the above-named corporation's box	pration submits this statement for the pur	pose of changing its registered office
familiar wit SIGNATURE _	th, and accept the obligations of, Se	ction 607.0505, Florida Statutes	ed by the corporation's boa	ard of directors. Thereby accept the app	poss of shanning its mariety and affin
familiar wit	ed agent, or both, in the state of Fic th, and accept the obligations of, Se Signature, typed or printed name of registered ago	etion 607.0505, Florida Statutes	ed by the corporation's boa. TE: Registered Agent signature require	ard of directors. I hereby accept the app	pose of changing its registered offic pointment as registered agent. I am
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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 logal 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:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-15-96 941-697-8454