FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 10:27

DOCUMENT # **G78073** **(5)**

1. Corporation Name
PLA CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
C/O ROSS REALTY INVESTMENTS INC. 10021 PINES BLVD. STE. #C-101 PEMBROKE PINES FL 33024 US	C/O ROSS REALTY INVESTMENTS INC. 10021 PINES BLVD. STE. #C-101 PEMBROKE PINES FL 33024 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1984
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 13-3216021 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC.
10021 PINES BLVD;L STE. C-101
PEMBROKE PINES FL 33024

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DAT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MEMDELOW, STEVEN	12 NAME		
STREET ADDRESS	88 CENTRAL PARK W.	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ESTATE OF AARON LEVEY	22 NAME		
STREET ADDRESS	C/O JOEL LEVY, CULVIN CONST. CO.640 GOTHIC	23 STREET ADDRESS		
CITY ST ZIP	MT. CRESTED BUTTE CO	24 CITY ST ZIP		
TITLE	DP	31 TITLE		☐ Change ☐ Addition
NAME	ROSS, ALBERT D.	32 NAME		
STREET ADDRESS	5410 RED CYPRESS LN.	33 STREET ADDRESS		
CITY ST ZIP	TAMARAC FL	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ROSS, BARRY	42 NAME		
STREET ADDRESS	3691 N. 52ND AVE.	43 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LANDIS, IRVING	52 NAME		
STREET ADDRESS	3571 N. 31ST AVE.	53 STREET ADDRESS		
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), Florida Statutes. I further certify that this information indicated on the annual report or supplemental 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 the 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: Albert D. Ross — 1-9-95 — 305-437-4444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR (Date) (Daytime Phone #)
ALBERT D. ROSS

0007017 CP