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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 14 1997 8:00am

Secretary of State

1997
DOCUMENT # G79

G79875

(2)

FELNER CONSTRUCTION INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address				1	: 81831 01811 01811	) BUBUF BABAI		
625 AUBURN ( DELRAY BEACK		625 AUBURN CIRCLE WEST DELRAY BEACH FL 33444-4422								
						3. Date Incorporated or Qualified	3a. Date	of Last Re	eporl	
						01/23/1984				
<del>-</del>	lace of Business	2a. Mailing Address				4. FEI Number		<del></del>	oplied For	
21 Suite Ant 1	# ata	Suite Apt # etc	Suite, Apt #, etc.			59-2639340	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ot Applicable	
Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired		<b>\$8.75</b> <i>A</i> Fee Re	Additional	
City & State		City & State	City & State			C Figure Company Figureins			····	
23	•	28				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1		
Zip	Country	Zip				This corporation has liability for it				
24	25	29	30				Yes 🗗		100.002	
	<ol><li>Name and Address of Current</li></ol>	Registered Agent				10. Name and Address of New Re	gistered Age	ent		
FEU	NER, JAY			81	Name					
	AUBURN CIRCLE WEST			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
DEL	RAY BEACH FL 33444				ļ <u>.</u>					
				83						
				84	City		<b>—</b> , [8	35 Zip (	Code	
				L_J	'		FL			
11, Pursuant to office or re	io the provisions of Sections 607.0502 ealstered agent, or both, in the State (	rand 607.1508, Florida State of Florida, Such change was	utes, the at s authorize	bove d by	e-named cor vithe corpora	rporation submits this statement for the p ation's board of directors. Thereby accep	urpose of ch	anging its	s registered registered	
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, F	Florida Stat	lutes	S.	**************************************	the appear	ill novine and	TOGISTO. C II	
SIGNATURE			tier to believe							
12.	Signature, typed or printed name of registered agent OFFICERS AND		OTE Registere	d Age	ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DI	חברותם	C IAI 20	
TITLE	PD	DELETE		1.1 Title		ADDITIONS/GLANGES TO GLAD		Change	Addition	
NAME	FELNER, JAY	-	1.2 NAN			•	•	•		
STREET ADDRESS	625 AUBURN CIRCLE WEST				I ADURESS					
CITY-ST-ZIP	DELRAY BEACH FL 33444	-			ST - ZIP					
TITLE	SD	☐ DELETE	2.1 11					Change	Addition	
NAME	FELNER, SHIRLEY	ELNER, SHIRLEY								
STREET ADDRESS	625 AUBURN CIRCLE WEST		2.3 S	TREET ADDRESS						
CITY-ST-ZIP	DELRAY BEACH FL 33444		2.40	:ITY - 5	\$1- <b>Z</b> IP					
TITLE		☐ DELETE	3.1 TI	TLE			_ ⊔	Change	Addition	
NAME			3 2 N	AME						
STREET ADDRESS			3.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP		- Drifte			ST-7IP	·····		<u> </u>	The Alberta	
TITLE		L. DELETE	4.1 TI				لــا	Change		
NAME			4.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DETETE	4.4 CI 5.1 TI		ST - ZIP			Change	Addition	
NAME			5.1 II 5.2 N/				<b></b>	, Change	FT Wholling	
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP					SI - ZIP	•				
TITLE		DELETE	6111					Change	Addition	
NAME			6.2 N/				<b>L</b> eaves			
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP					ST - ZIP					
14. I do hereb	by certify that the information supplied	with this filing does not qua	alify for the	exe	emption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further cε	ertify that	the	
Intormation	n indicated on this annual report or su ficer or director of the corporation or t	ipplemental annual report is The receiver or trustee embo	s true and a owered to a	accu exec	urate and tha cute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	Leffect as if r tatules: and	made und that my n	der cath; that same	
appears in	n Block 12 or Block 1/3 if // large 1594	an anachment with an ar	ridres <u>s</u>			1				