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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G92571 (0)

1. Corporation Name  
CONSTRUCTION JUNCTION, INCORPORATED

Principal Place of Business  
3737 N. FEDERAL HIGHWAY  
DELRAY BEACH FL 33483

Mailing Address  
11715 ORANGE GROVE BLVD  
ROYAL PALM BCH BLVD  
ROYAL PALM BCH FL 33411-9134  
US



3. Date Incorporated or Qualified 03/22/1984  
3a. Date of Last Report 04/29/1996

2. Principal Place of Business 21 11715 ORANGE GROVE BLVD Suite, Apt. #, etc. 22 City & State 23 RPB, FL 33411 Zip 24	2a. Mailing Address 26 11715 ORANGE GROVE BLVD Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-2370041 59-2391600 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

DEVORE, GENE S.  
2161 PALM BEACH LAKES BLVD.  
SUITE 301  
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, KIM	1.2 NAME	KIM MACLEOD
STREET ADDRESS	7942 GULFSTREAM BLVD	1.3 STREET ADDRESS	1314 STRATFORD ST.
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, DONALD	2.2 NAME	DON MACLEOD
STREET ADDRESS	7942 GULFSTREAM BLVD	2.3 STREET ADDRESS	1314 STRATFORD ST
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, DONALD	3.2 NAME	
STREET ADDRESS	7942 GULFSTREAM BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROSSEN, HOLLY	4.2 NAME	HOLLY TROSSEN
STREET ADDRESS	4887 VIA PALM LAKE #511	4.3 STREET ADDRESS	14844 95TH LN N
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	WPB, FL 33412
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)