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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # G93960

(4)

A°I NO	OF TRUSSES, INC. OF S	ST. LUCIE					
Principal Place of Business Mailing Address						IIII DBII DIQII DIDII	I BIBIT DIBIT BIBIT BIBIT ITBIB
199 PIKE ROAD WEST PALM BEACH FL 33411		199 PIKE ROAD West Palm Beach Fl 33411					
					3. Date Incorporated or Qualifie 03/27/1984		of Last Report /01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-2412665		Applied For
Suite, Apt. 4	#. etc.	Suite, Apt. #. etc.			V-11 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1		Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Z(p)	Coun	try	8. This corporation has liability f		cunder s 199.032,
24	25	29	30			es No	
	9. Name and Address of Curr	ent negistered Agent		Name	10. Name and Address of Nev	r registered A	rgent .
HERRING	G JOHN						
199 PIKI			1	Street A	Address (P.O. Box Number is Not Accep	(able)	
	ALM BEACH FL 33411		8	13		<u>-</u>	
			1	4 City			85 Zip Code
	**************************************		i	,	orporation submits this statement for the	<u>FL</u>	
or registere	ed agent, or both, in the State of Fig th, and accept the obligations of, Sc	brida. Such change was author	ized by the ca	rporation's i	board of directors. Thereby accept the a	opointment as i	registered agent. Lam
SIGNATURE _	Something Macro or product cared of releasers Laur			den f. Sook af afside	concurs and an essay realisms	DATE	
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certify that the information indicated on the 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

4-18-94 (407)793-6000
Dayline Prove i