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Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H09588 (5)
 1. Corporation Name
MICHAEL MLEKO GENERAL CONTRACTOR, INC.



Principal Place of Business: **C/O MICHAEL MLEKO, 8006 PASO ROBLES BLVD., FORT PIERCE FL 34951**
 Mailing Address: **C/O MICHAEL MLEKO, 8006 PASO ROBLES BLVD., FORT PIERCE FL 34951-1159**

3. Date Incorporated or Qualified: **06/26/1984**
 3a. Date of Last Report: **01/24/1996**
 4. FEI Number: **59-2356891**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
 2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
MLEKO, MICHAEL
8006 PASO ROBLES BLVD.
FORT PIERCE FL 34951

10. Name and Address of New Registered Agent (81-85)

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: P <input type="checkbox"/> DELETE	MLEKO, MICHAEL 8006 PASO ROBLES BLVD FT. PIERCE FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V <input checked="" type="checkbox"/> DELETE	SHOLANDER, TAMMY 8007 PASO ROBLES BLVD FT PIERCE FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S <input checked="" type="checkbox"/> DELETE	MLEKO, VICTORY 8006 PASO ROBLES BLVD FT PIERCE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **MICHAEL MLEKO** Date: **3/1/97**

CR2E034 (9/96)