

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H17703 (0)

1. Corporation Name

J. J. TALABER GENERAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

C/O CHERYL L. TALABER
15 RAKESTRAW STREET
NORCROSS GA 30071

C/O CHERYL L. TALABER
15 RAKESTRAW STREET
NORCROSS GA 30071

Amended Annual Report

FILED

96 OCT 28 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | | | |
|--|--|---------------------------|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 2337 River Tree Circle | | 26 2337 River Tree Circle | | 08/21/1984 | | 06/27/1995 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 22 Sanford, FL | | 27 | | 59-2443100 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Sanford, FL | | 28 Sanford, FL | | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 32771 | | 25 Seminole | | 29 32771 | | 30 Seminole | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| TALABER, CHERYL L. 1601 OCEAN DR., S. STE. 201 JACKSONVILLE BCH. FL 32250 | | | | 81 Name Ivan Lefkowitz | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 430 North Mills Avenue | | | |
| | | | | 83 | | | |
| | | | | 84 City Orlando | | | |
| | | | | FL 85 Zip Code 32803 | | | |

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 & printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

9/25/96

| | | | |
|----------------------------|------------------------|---|-----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | 800001994758 |
| NAME | TALABER, J. J. | 1.2 NAME | 11/04/96--01002--022 |
| STREET ADDRESS | 2337 RIVER TREE CIRCLE | 1.3 STREET ADDRESS | *****61.25 *****61.25 |
| CITY-ST-ZIP | SANFORD FL | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | |
| NAME | TALABER, CHERYL L. | 2.2 NAME | |
| STREET ADDRESS | 2337 RIVER TREE CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SANFORD FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | VSD |
| NAME | | 3.2 NAME | Nesban G. Brandt |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 133 Colonial Ave. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Harrisburg, PA. 17103 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 400001995364--1 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | -11/04/96--01046--022 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

President

9/17/96

407-330-1308

Date Daytime Phone #

CR2E034 (3/96)