COR ANNU	ON OR BEFORE 87/96: \$225 (IF DISS PROFIT RPORATION JAL REPORT	FLORIDA DEPA Sandra Secret	RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS		
DOCUI	MENT # H2405	3 (1)			
RIGGER	AS AND ERECTORS OF FL	ORIDA, INC.		f 18618(t 8118 1181) 848t) 86th 84th 84th	(M. 1183) 8(11) 6(8) 6(8) 8(8) 8(8) 8(8) 6(8)
Principal Place	e of Business	Mailing Address			
2900 TUXEDO AVE WEST PALM BEACH FL 33405		2900 TUXEDO AVE WEST PALM BEACH FL	33405		
US		US		3. Date Incorporated or Qualified 10/04/1984	3a. Date of Last Report 05/01/1995
2. Principal Pt	ace of Business	2a, Mailing Address 26		4. FEI Number 59-2456874	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc		5. Certificale of Status Desired	\$8.75 Additional Fee Required
City & State	÷	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
Zıp 24	Country	Z <sub>I</sub> p	Country	Trust Fund Contribution  8. This corporation has liability for	
24	25 9. Name and Address of Currer	29  nt Registered Agent	30	Fiorida Statutes  10. Name and Address of New Re	_ Yes
	ENDINING, DAVID		81 Name		
1401 FORSYTHE ROAD WEST PALM BEACH FL 33405			82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)
			83		
			<b>84</b> City		FL 85 Zip Code
onice or re	suistereo agent, or both, in the State	ot Norida. Such change was a	authorized by the cornoral	poration submits this statement for the plion's board of directors. Thereby accep	recent of changing to registered
agent I ar SIGNATURE	n familiar with, and accept the obliga-	ations of, Section 607.0505 Ft	orida Statutes		
	Signed to Type a or professionary of egistered age OFFICERS AN		It. Registere I Agent signature requ		LiAltE
TITLE	D	DELETE	13. 11 TIFLE	ADDITIONS/CHANGES TO OFFI	CEHS AND DIRECTORS IN 12 Change Addition
NAME	LEWIS, ROBERT S. 119 JUDITHS FANCY		1.2 NAME		2
STREET ADDRESS CITY-ST-ZIP	VIRGIN ISLAND		1 3 STREET ADDRESS 1 4 CITY - ST- ZIF		2E032
TITLE	D	DELETE	2.1 TITLE		Change Addition C
NAME	LEWIS, HERBERT		2.2 NAME		
STREET ADDRESS City-St-Zip	703 S.W. ATLANTIC DRIVE LANTANA FL		2.3 STREET ADDRESS		
TIFLE	DS	DELETE	2 4 C(TY ST - Z)P - 3 1 T)TLE	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	Change Addition
NAME	CLENDINING, DAVID		3.2 NAME		
STREET ADDRESS	1401 FORSYTHE ROAD WEST PALM BEACH FL	•	3 3 STREET ADDRESS		
CITY - ST - 7:P TITLE	VP	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	LEWIS, STEVEN		4 2 NAME		
STREET ADDRESS	605 S.E. ATLANTIC DRIVE LANTANA FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PANIANA LE	DELETE	4.4 C(TY - ST - Z)P 5.1 T(T)E	777	Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
C)TY - ST - ZIP TITLE		DELETE	5 4 City - St - ZiP 6 1 Title		Change L Little
NAME		Peccie	6 2 NAME		Change Addition
STREET ADDRESS			6.3 STHEFT ADDRESS		
OTY-ST-ZIP	v certify that the information conclude	Luita this files is not estable.	64 CITY ST-ZIP	the feet has a secretary and the feet	10.07(0)(0.) (0)
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). Fiorida Statutes 1 further certify that the information indicated on this annual report or supplied and accurate and that my signature shall have the same legal effect as if made under each, that I am an officer or described on the corporation of the receiver or trusted in properties required by Chapter 617. Florida Statutes, and					
made under each, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEWIS C/24/94 (407) 183-5000					