

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H94141** (9)

1. Corporation Name  
**ENCOMPASS CONSTRUCTION CORPORATION**



Principal Place of Business <b>11911 US HWY 1 SUITE 205 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11911 US HWY 1 SUITE 205 NORTH PALM BEACH FL 33408-2862</b>
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3. Date Incorporated or Qualified <b>01/15/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>8482 SE. Royal St.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Hobe Sound, FL</b> Zip 24 <b>33455</b>	2a. Mailing Address 26 <b>8482 SE. Royal St.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Hobe Sound, FL</b> Zip 29 <b>33455</b> Country 30 <b>Martin</b>	4. FEI Number <b>59-2630014</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**NAIRN, TERRY W.  
11911 US HWY 1, STE 205  
NORTH PALM BEACH 33408**

10. Name and Address of New Registered Agent

81 Name <b>Nairn Terry W.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>8482 SE. Royal St.</b>
83	
84 City <b>Hobe Sound</b>	85 Zip Code <b>FL 33455</b>

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: *Terry W. Nairn* **Terry W. Nairn Pres.** DATE: **4/8/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NAIRN, TERRY W.</b>	1.2 NAME	
STREET ADDRESS	<b>8482 SE ROYAL ST</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOBE SOUND FL</b>	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
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 registered agent 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, upon an attachment with an address.

SIGNATURE: *Terry W. Nairn* **Terry W. Nairn** DATE: **4/8/97**

CR2E034 (9/96)