SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J08251 MARANDOLA CONSTRUCTION, INC.

(7)

FILED Sep 19 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address	r centre bitt dette tinne niet enter inter anter diftil fiftit fillt fiftil fiftil
5850 ORANGE DRIVE SUITE B DAVIE FL 33314	5850 ORANGE DRIVE Suite B Davie Fl 33314	DO NOT WRITE IN THIS SPACE

SUITE B	· •····			SUIT	E B										
DAVIE FL 3331	14			DAVIE FL 33314		L	DO NOT WRITE IN THIS SPACE								
										3. Date Incorporat		1	te of Last F	'	
.				6	4.11					04/07/1986		05/	01/1996		
2. Principal P	lace of Busin	108\$		_	failing Address					4. FEI Number				oplied For	
21				26						<u>59-267439</u>	72			ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				ŀ	5. Certificate of Status Desired Section 88.75 Additional Fee Required						
City & State	8			C	ity & State	·				6. Election Campa	ign Financing		\$5.00	May Be	
23				28						Trust Fund Con	tribution			to Fees	
Zip		Country		Z	ip	C	ountry	'		8. This corporation	n owes or has pa	id the curr	ent year In	tangible	
24		25		29		30				Personal Prope	rty Tax due June	30.	Yes	J No	
	9, Name	and Address	of Current R	egister	red Agent			10. Name and Address of New Registered Agent							
MAI	RANDOLA,	JACQUELYN					81	Nam	Name						
139	50 S.W. 14	ITH ST.					82	Strov	t Addross	s (P.O. Box Number	in Not Appoints	do)			
DAVIE FL 33325						02	0000	i Addies	3 (1 .O. DOX 140111001	is 140t Acceptab	,,,,				
							83				•				
							84	City				FL	85 Zip	Code	
office or re	egi ste red ac	ent, or both, in	the State of I	Florida.	.1508, Florida Statut Such change was Section 607.0505, Fl	authoriz	ed by	the co	d corpora propartion	ation submits this st i's board of director	atement for the p s. I hereby accep	ourpose of the appo	changing i pintment as	ts registered registered	
SIGNATURE		, and accept	the congene												
SIGNATURE	Signature, typod	or printed name of a	agistored agent ar	nd title if p	pplicable (NO)	TE Registe	ered Age	int signat	re required v	when reinstating)		DATE			
12.		OFFI	CERS AND D	RECT		13	3.			ADDITIONS/CHA	NGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	
TITLE	PTD		_		☐ DELFTE	1.5	TITLE		-				Change	Addition	
NAME		oola, Franc				1.2	NAME								
STREET ADDRESS		.W. 14TH ST.				1.3	STREET	ADDRES	;						
CITY-ST-ZIP	DAVIE F	L 33325				1.4	CITY-S	T-ZIP							
TITLE	VS				DELETE	2.1	TITLE						☐ Change	☐ Addition	
NAME	MARANI	DOLA, JACQU	ielyn			2.2	NAME								
STREET ADDRESS	13950 8	.W. 14TH ST.				2.3	STREET	ADDRES:	;						
CITY-ST-ZIP	DAVIE F	L 33325				2.4	4 CITY- S	ST - 712	1						
TITLE					DELETE		TITLE						Change	Addition	
NAME .						3.2	NAME						·		
STREET ADDRESS						33	STREET	ADDRESS	;						
CITY-ST-ZIP							. CITY-S								
TITLE					DELETE		TITLE						Change	Addition	
NAME							2 NAME		1						
STREET ADDRESS								ADDRES:							
CITY-ST-ZIP							City-S								
TITLE					DELETE		TITLE	• #-if	 				☐ Change	Addition	
NAME					-		NAME						· v -		
STREET ADDRESS								ADDRESS	. [
CITY-ST-ZIP							CITY-S								
TITLE					DELETE		TITLE	1-EIF			······		Change	Addition	
NAME						1	NAME								
STREET ADDRESS								ADDRESS	. [

CITY-ST-ZIP 64 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 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.