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

PROFIT CORPORATION ANNUAL REPORT 1997

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08541

(1)

NYSTRO  Principal Place	OM CONSTRUCTION, INC.	Mailing Address							
4911 S.W. 90TH AVE.  COOPER CITY FL 33328  4911 S.W. 90TH AVE.  COOPER CITY FL 33328-3620									
						3. Date Incorporated or Qualified 04/07/1986	3a. Date 06/11	of Last Re /1996	aport
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number 59-2660119		Applied For Not Applicable		
Suite, Apt.	#. etc.	26 Suite, Apt. #, etc.	<del> : -</del>			39-2000119		! <sup>№</sup> 0 \$8.75 A	
22	•	27				Certificate of Status Desired	□ ,	Fee Re	
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cot	untry	****	8. This corporation has liability for it	ntangible tax		
24	25	29	30			Florida Statutes	Yes 🔲 I	No	
	9. Name and Address of Curre	nt Registered Agent	,	1		10. Name and Address of New Reg	istered Ag	ent	
	TROM, EDWARD J.			81	Name				
4911 S.W. 90TH AVE. COOPER CITY FL 33328			82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)			
	or En on the opper			83			<del></del>		
				84	City		FL	<b>85</b> Zip C	Code
<ul> <li>office or r</li> </ul>	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change v gations of, Section 607.050	vas authorize 5, Florida Sta	ed by itutes.	the corporati	oration submits this statement for the pion's board of directors. I hereby accep	urpose of ch it the appoin	langing its tment as	s registered registered
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	(NOTE Hegistero	ca Agei	i signature require	ed where roinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND DI	RECTOR:	S IN 12
TITLE				ITLE		110000000000000000000000000000000000000		Change	Addition
NAME	NYSTROM, EDWARD J.		1.2 N	1.2 NAME					
STREET ADDRESS	4911 S.W. 90TH AVE.		1. <b>3</b> S	STREET A	DDRESS				
CITY-ST-ZIP	COOPER CITY FL 14		1.4.0	CITY-ST	· ZIP				
TITLE	**		2.1 1	ITLE		I		Change	Addition
NAME	NYSTROM, EDWARD A.		2.2 N	IAME					
STREET ADDRESS	4911 S.W. 90TH AVE.		2.3 S	STREET A	DDRESS	•			
CITY-ST-ZIP				CITY-ST	- 7IP	· · · · · · · · · · · · · · · · · · ·			<del></del>
TITLE		DELETE					L.	Change	Addition
NAME			3.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		DELETE		CITY - ST	· ZIP	<del></del>		Change	Addition
NAME		בים סבונית		NAME			<b>L</b>	1 onenge	[_] Naultion
STREET ADDRESS					ODRESS				
CITY-ST-ZIP				TR-YIK					
TITLE		DELETE			411			Change	Addition
NAMÉ			5.2 N					<b>D</b> -	
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				XIY-ST					

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 all achiment with an address

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-7/P

DELETE