

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

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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J12404 (6)

1. Corporation Name
E. T. CONSTRUCTION, INC.



Principal Place of Business 501 NORTH BENEVA ROAD 616 SARASOTA FL 34232 US		Mailing Address 501 NORTH BENEVA ROAD UNIT #616 SARASOTA FL 34232-1314 US		3. Date Incorporated or Qualified 05/01/1986	3a. Date of Last Report 04/29/1996
2. Principal Place of Business 21 3354 17th ST. Suite, Apt. #, etc.	2a. Mailing Address 26 3354 17th ST. Suite, Apt. #, etc.	4. FEI Number 59-2723100	Applied For Not Applicable		
22 City & State 23 SARASOTA, FL Zip 34235 Country US	27 City & State 28 SARASOTA, FL Zip 34235-8904 Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent MANDELL, BRAD S 501 NORTH BENEVA ROAD #616 SARASOTA FL 34232		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3354 17th ST. 83 84 City SARASOTA FL 85 Zip Code 34235			

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD MANDELL, SAUL 501 NORTH BENEVA ROAD, #616 SARASOTA FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3354 - 17th ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MANDELL, BRAD 501 NORTH BENEVA ROAD, #616 SARASOTA FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3354 - 17th ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MANDELL, TODD 501 NORTH BENEVA ROAD, #616 SARASOTA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3354 - 17th ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDS MANDELL, EVELYN 501 NORTH BENEVA ROAD, #616 SARASOTA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3354 - 17th ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOWARD, WENDY 501 NORTH BENEVA ROAD, #616 SARASOTA FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3354 - 17th ST
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or on an attachment with an address.

SIGNATURE:

SAUL MANDELL CD 3-22-97 941-366-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0425158

CR2E034 (9/96)