SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J19995 (6)

1. Corporation Name
CONSTRUCTION CONSULTANT LEADERS, INC

Principal Place of Business	Mailing Address
813 E. BLOOMINGDALE BLOOMINGDALE SQUARE BRANDON, FLORIDA 33511	813 E. BLOOMINGDALE BLOOMINGDALE SQUARE BRANDON, FLORIDA 33511

3. Date Incorporated or Qualified: 06/18/1986
3a. Date of Last Report: 8/3/1995

2. Principal Place of Business — 22
2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 / Country — 25
Zip — 29 / Country — 30

4. FEI Number: 59-2666279 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FRIEDMAN, JACK
6160 ULMERTON RD
SUITE 12
CLEARWATER, FL 34620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HADUCH, DIANE T.		12 NAME	
STREET ADDRESS	813 E BLOOMINGDALE		13 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511		14 CITY-ST-ZIP	
TITLE	V/P	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HADUCH, RENEE C.		22 NAME	
STREET ADDRESS	813 E BLOOMINGDALE		23 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HADUCH, EDWARD		32 NAME	
STREET ADDRESS	813 E BLOOMINGDALE		33 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HADUCH, MICHAEL D		42 NAME	
STREET ADDRESS	813 E BLOOMINGDALE		43 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511		44 CITY-ST-ZIP	
TITLE	V/P	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	HADUCH, MICHELE		52 NAME	
STREET ADDRESS	813 E BLOOMINGDALE		53 STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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***225.00

8/1-CL.

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), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane T. Haduch 7/23/96 (714) 965-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
DIANE T. HADUCH

CR2E034 (3/96)