

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 16 AM 10:23

DOCUMENT # J40672 (4)

1. Corporation Name
CHECO CONSTRUCTION, INC.

Principal Place of Business: PO BOX 560516, MONTVERDE FL 34756-7516
Mailing Address: POST OFFICE BOX 560352, MONTVERDE FL 34756 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1986
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2775093
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. 196.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 P.O. Box 560 352
22 Suite, Apt. #, etc.
23 City & State: Montverde, FL
24 Zip: 34756
25 Country: U.S.
26 27 28 29 30

9. Name and Address of Current Registered Agent
**CHECO, ROBERT
16143 HARBAR OAKS DRIVE
MONTVERDE FL 34756-7516**

10. Name and Address of New Registered Agent
81 Name: **Checho, Robert**
82 Street Address (P.O. Box Number is Not Acceptable): **17740 Neal**
83 City & State: **Montverde, FL**
84 City: **FL**
85 Zip Code: **34756**

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PO
NAME	CHECO, ROBERT C.
STREET ADDRESS	684 FORTROSE DRIVE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	STD
NAME	CHECO, ROSALIND
STREET ADDRESS	684 FORTROSE DRIVE
CITY - ST - ZIP	WINTER SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	17740 Neal
1 4 CITY - ST - ZIP	Montverde, FL
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	17740 Neal
2 4 CITY - ST - ZIP	Montverde, FL
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Checho June 12, 95 469-3364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Address)

CR2E034 (3/95)