

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J52255** (3)

1. Corporation Name

ROTONDA CONSTRUCTION CORPORATION



Principal Place of Business

**4005 CAPE HAZE DR.
CAPE HAZE FL 33946
US**

Mailing Address

**4005 CAPE HAZE DR.
CAPE HAZE FL 33946
US**

3. Date Incorporated or Qualified
01/13/1987

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0115765

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

**ALEXANDER, LARRY B.
505 S. FLAGLER DR.
STE 1100
WEST PALM BCH FL 33401-3475**

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

Signature, typed or printed name of registered agent and title, if applicable

(If not Registered Agent, signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|--|
| TITLE | DPST | <input type="checkbox"/> DELETE |
| NAME | LITTLESTAR, GARY | |
| STREET ADDRESS | 4005 CAPE HAZE DR | |
| CITY-STATE-ZIP | CAPE HAZE FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DANAHY, THOMAS J | |
| STREET ADDRESS | 15436 NORTH FLORIDA AVE., SUITE 200 | |
| CITY-STATE-ZIP | TAMPA FL 33618 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | WILSON, LOU ELLEN | |
| STREET ADDRESS | 15436 NORTH FLORIDA AVE., SUITE 200 | |
| CITY-STATE-ZIP | TAMPA FL 33618 | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | HOLMAN, MARJORIE | |
| STREET ADDRESS | 4005 CAPE HAZE DR. | |
| CITY-STATE-ZIP | CAPE HAZE FL 33947 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | SIERRA, MICHAEL J | |
| STREET ADDRESS | 15436 NORTH FLORIDA AVE., SUITE 200 | |
| CITY-STATE-ZIP | TAMPA FL 33618 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

941/697-1300

CR2E034 (12/95)