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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J87131

(5)

Mailing Address

MESZAROS CONSTRUCTION CO., INC.

FILED
Jan 17 1997 8:00am
Secretary of State

17301 MININE LUTZ FL 3354		17301 MINNIE PLACE LUTZ FL 33549-7605			·				
					3. Date Incorporated or Qualified 08/07/1987	3a. Date of 01/26/1		ort	
2. Principal Place of Rusiness 28. Mailing Address					4. FEI Number			Applied For	
21	H 232	Suite, Apt. #, etc.			59-2903446	4 60		Applicable	
Suite, Apt	. #, etc	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	nte	City & State			Election Campaign Financing Trust Fund Contribution		5.00 M		
Zip 24	Country 25	Zip 29	Country 30		8. This corporation has liability for i Florida Statutes	ntangible tax u Yes		99.032,	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	Istered Agent	<u> </u>		
	SZAROS, FRANK, JR.		81	Name					
	301 MINNIE PLACE TZ FL 33549		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
LU	12 1 2 00070		83			······································			
			84	City		FL 85	Zip Co	de	
11 Purcuani	to the previsions of Sections 607.0503	2 and 607 1508. Florida Stati	ites the above	e-named cor	poration submits this statement for the p		oing its r	renistere	
office or	registered agent, or both, in the State	of Florida. Such change was	authorized by	the corpora	ation's board of directors. I hereby accep	t the appointm	ent as re	gistered	
3-	am familiar with, and accept the obliga	tions bt, Section but 0505, h	-iorioa Statute	5.					
SIGNATURE	Signature, typed or printed name of registered agor	t and little if applicable (NC	OTE. Registered Ag	ent signature requ	uired when re-instating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 12	
TITLE	P	☐ DELETE	1 1 TITLE			□ C	hange [Additio	
NAME	MESZAROS, FRANK JR.		1.2 NAME						
STREET ADDRESS			1 3 STREET	ADDRESS					
CITY - ST - ZIP	LUTZ FL		1.4 CITY - 9	IT - ZIP					
TITLE	S DATE OF THE STATE OF THE	☐ DELETE	2.1 TITLE	,			hange [Additio	
NAME	MESZAROS, DONNA CLAIRE		2.2 NAME						
STREET ADDRESS				ADDRESS					
CITY - ST - ZIP	LUTZ FL	DELETE	2. 4 CITY -	ST-ZIP		<u> </u>	hange	Additio	
HILE	V NECTADOS EDANICIOSEON	☐ DECEIE	3.1 TITLE			L 0	nange [Adultic	
NAME	MESZAROS, FRANK JOSEPH 960 TULIP DRIVE		3.2 NAME	* ADDDEGO					
STREET ADDRESS	ZEPHYRHILLS FL		3.3 STREE						
CITY-ST-ZIP TITLE	T	DELETE	3.4. CITY- 4.1 TITLE	51 - ZIF.		По	hange	Additio	
NAME	MESZAROS, WILLIAM MICHAE	Image of Care 14.	4.2 NAME			٠			
STREET ADDRESS	400 M 4450D 410D 110D		1	ADDRESS					
CITY-ST-ZIP	TAMPA FL.		4.4 CITY-						
TITLE		DELETE	5.1 TITLE			C	hange	Additio	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	F ADORESS					
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6 1 TITLE			<u></u> □ 0	hange	Additi	
NAME			6.2 NAME						
STREET ADORESS	; }		63 STREE	r address					
CITY-ST-ZIP			64 City-	ST-ZIP					

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 attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

49-4468Daytime Phone #