

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

FILED

May 15 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 # **J88087** (8)

1. Corporation Name
TALLON/BICZEK CONSTRUCTION, INC.

Principal Place of Business

% DAVID H. SIMMONS
120 S ORANGE AVE.
ORLANDO FL 32801-3204

Mailing Address

% DAVID H. SIMMONS
120 S ORANGE AVE.
ORLANDO FL 32801-3204



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 7600 Dr. Phillips Blvd.		26 % David H. Simmons		08/18/1987		04/02/1996	
22 Suite, Apt. #, etc. Ste. #2		27 Suite, Apt. #, etc. 332 North Magnolia Av.		4. FEI Number 59-2847132		Applied For Not Applicable	
23 City & State Orlando, FL		28 City & State Orlando, FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip Orange		29 Zip 32801-1609		30 Country Orange		6. Election Campaign Financing Trust Fund Contribution <input 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				10. Name and Address of New Registered Agent			
SIMMONS, DAVID H. 120 SOUTH ORANGE AVE. ORLANDO FL 32802				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 332 North Magnolia Av.			
				83			
				84 City Orlando			
				85 Zip Code FL 32801-1609			

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TALLON, LARRY			1.2 NAME			
STREET ADDRESS	401 W. MAIN ST			1.3 STREET ADDRESS	6113 Masters Blvd.		
CITY-ST-ZIP	WINDERMERE FL			1.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BICZEK, JAMES F.			2.2 NAME			
STREET ADDRESS	7600 DR PHILLIPS BLVD #2			2.3 STREET ADDRESS	6158 Masters Blvd.		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BICZEK, JAMES F.			3.2 NAME			
STREET ADDRESS	7600 DR PHILLIPS BLVD #2			3.3 STREET ADDRESS	6158 Masters Blvd.		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32819		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: JAMES F. BICZEK 4/30/97 407/876-7730
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0083625

CR2E034 (9/96)