

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DEPARTMENT OF STATE, TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

55 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K08535** (2)
1. Corporation Name
MONTE CARLO CONSTRUCTION COMPANY

Principal Place of Business: **442 CRANES LANDING CT. JACKSONVILLE FL 32216**
Mailing Address: **442 CRANES LANDING CT. JACKSONVILLE FL 32216**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 12/23/1987	3a. Date of Last Report 08/08/1994
4. FEI Number 59-2879724	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for obligations for causes 8-1103 (1997 Florida Statutes) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22. State (App # 1)	27. State (App # 1)
23. City & State	28. City & State
24. Zip	25. Zip
29. Zip	30. Zip

9. Name and Address of Current Registered Agent FISCHETTE, JAMES A. 1916 GULF LIFE TOWER JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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, on 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 607.0507, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD ALVAREZ, RAY R. 442 CRANES LANDING CT JACKSONVILLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD ALVAREZ, RAY R., JR. 616 MONTE CARLO RD. JACKSONVILLE FL	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	STD ALVAREZ, JOYCE L. 442 CRANES LANDING CT JACKSONVILLE FL	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and of my own free will, and that I am not qualified for the responsibilities stated in Sections 607.0507, Florida Statutes. I further certify that the information submitted on the 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. I am an officer or director of the corporation or the receiver or trustee appointed to manage the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1-A, of the report or on an attachment with an address.

SIGNATURE: *Ray R. Alvarez* **Ray R. Alvarez** **5. 9. 95 904721-1436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR