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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # KO9620 (1) 1. Corporation Name C.B.D. CONSTRUCTION, INC.								
Principal Place	of Business	I FODIDIKI DII FOILE IQUE ÇIUD HOM	BU! BIEIL EIUIF QHU!	Oldii Gadii digal fodi				
11300 S.W. 3RD ST. PLANTATION FL 33325		Mailing Address 11300 S.W. 3RD ST. PLANTATION FL 33325						
					3. Date Incorporated or Qualified 12/23/1987	3a. Date of La 04/20		
2. Principal Pla	nce of Business	2a, Mailing Address 26			4. FEI Number 65-0035329		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8	.75 Additional		
22	22 27						Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be	
23 Ζιρ	Country	28	Country		8. This corporation has liability for		Idded to Fees	
24	25	29	30		Florida Statutes			
	9. Name and Address of Cur	rrent Registered Agent		T	10. Name and Address of New F	Registered Agen	t	
			81	Name				
	VARY, FRANK J.		82	Street Add	iress (P.O. Box Number is Not Acceptat	ole)		
11300 S	TION FL 33325		83					
PLANIA	HOM PL 33323						·	
			84	City		FL 85	Zip Code	
familiar wit	th, and accept the obligations of, S Signature typed or porter name of regulations	Section 607 0505, Florida Statute	iS. Julia Bojetenii Age			DATE	-	
12.	OFFICERS DP	AND DIRECTORS DELETE	13. 1 1 DILE	·	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE		
NAME	DOMBOVARY, FRANK J.		1.2 NAME				inge Nosition	
STREET ADDRESS	44000 004 0 07		1	S STREET ADDRESS				
CITY - ST - ZIP	PLANTATION FL		1.4 CITY - 5					
TITLE		DELETE	2 1 TOPLE			☐ Cha	ange 🔲 Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDRESS				
CITY-ST-2IP		——————————————————————————————————————	2 4 C(TY - 1	51 - ZIF		☐ Cha	non Addition	
TITLE		☐ DELETE	3 1 TIFLE			LJ Cris	ange	
NAME STREET ADDRESS			3 2 NAME	LADDRESS				
CITY-ST-ZIF			3.4 CHY -					
TITLE		☐ DELETE	4 1 1/11	31-31		☐ Cha	ange Addition	
NAME			4.2 NAME			_		
STREET ADDRESS				FADDRESS				
CITY-ST-ZIP			4.4.CHY :	SI - ZiP				
TITLE		☐ DELEIE	5 1 TITLE			☐ Cha	ange 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			53STREE	T ADDRESS				
CITY-ST-ZIP		E Do. Exc	5 4 CITY - :				0000 T 4448	
TITLE		DELETE	6 1 TITLE			☐ Cha	ange	
NAME			62 NAME					
STREET ADDRESS			5 3 STAEE	ADDRESS				

6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualfy 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attractment with an address

SIGNATURE:

CITY - ST - ZIP

HEARTH SEASON OFFICER OR DIRECT