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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUA	ORATION AL REPORT 996	DIVI	Sandra B. Mortham Secretary of State DIVISION OF CORFORATIONS				
DOCUM 1. Corporation N		36	(4)				
•	RA CONSTRUCTION, INC	<b>)</b> .					
Principal Place of Business Mailing Address						T I I I I I I I I I I I I I I I I I I I	i disk diåti dibit bibit bibit atdit atdit afdit tab
POB 1448		POB 1448	POB 1448 STUART FL 34995-1448				
STUART FL 3	4995-1448	STUART FL					
						<ol> <li>Date Incorporated or Qualified</li> <li>04/20/1988</li> </ol>	3a. Date of Last Report 02/08/1995
2. Principal Plac	e of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	Applied For
21		26	<u> </u>			65-0046244	Not Applicable
Suite, Apt. #,	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			Crty & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zipi	p Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   ▼ Yes  No	
24 25 29 9. Name and Address of Current Registered Agent				r		10. Name and Address of New R	
				81	Name		
CARTWRIGHT, DAN 1963 S.W. CAPRI ST. PALM CITY FL 34990 82 S					Street Addr	ess (P.O. Box Number is Not Acceptab	le)
11. Pursuant to	the provisions of Sections 607.05	002 and 607.1508, Flor	du Statutes, the a	L	anied corpo	ration submits this statement for the pur	page of changing its registered office
or registere	d agent, or both, in the State of FI , and accept the obligations of, Si	lorida. Such change wa	s authorized by th	e corp	oration's boa	rd of directors. Thereby accept the app	ointment as registered agent. I am
SIGNATURE							
12.	ignature, typed or printen naise of NUSS inclination.  OF NOT DIS.	portan little traction of the AND DIRECTORS	(NOTE Projets		t signature require	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	PST	D		1 TITLE			Change Addition
NAME	CARTWRIGHT, DAN		1				
STREET ADDRESS	1963 S.W. CAPRI ST.		. 1	13 STREET ADDRESS 14 C(TY - ST - ZIP 2 1 TITLE 22 NAME			
CITY - ST - ZIP	PALM CITY FL						Change Addition
TITLE		Πυ					
NAME					ADDRESS		
STREET ADDRESS CHTY-ST-ZIP				4 CITY - S	t		
TITLE				3 TITLE			Change Addition
NAME				2 NAME			
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				4 CITY - S 1 TITLE	ST - ZIP	70000127	epange Addition
T:TLF NAME			4.2 N		ļ	<b>アロロロロ17796号<sup>6</sup>page □ Addition</b> -04/15/9601028007	
STREET ADDRESS					ADDRESS	***200.00	, LO .
CITY-ST-ZIP				4 Ci* + - S	5" - ZiP		
THILE			ELETE 5	1 THEE			☐ Change ☐ Addition
NAME				2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE				4 CHY-5	ST-ZIP		Change Addition
NAME				2 NAMÉ			A CAST
STREET ADDRESS					T ADDRESS		ه اید لا
CITY OF 7ID			6	4 CITY - 3	ST-ZIP		7-14-1
14. Ldo hereb	vicertify that the information suppli	ied with this filing is volu	intarity furnished a	ind doe	is not qualify	for the exemption stated in Section 119	ויטי(שונג), Florida Statutes. I further

recommends design 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 cath, that I am an officer or directin 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 it changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 41-288-1022