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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K60712

(2)

Mailing Address

KIPFER & DUNNE GENERAL CONTRACTORS, INC.

FILED Mar 14 1997 8:00am Secretary of State



| 1855 SOUTH KANNER HIGHWAY, SUITE 6<br>STUART FL 34994 |                                       | 1855 SOUTH KANNER HIGHWAY, SUITE 6<br>STUART FL 34994-7204   |  |                                   | 3. Date Incorporated or Qualified 01/20/1989            | 3a. Date of Last Report 05/01/1996   |                              |                               |                  |  |
|---|---------------------------------------|--|--|-----------------------------------|---|--|------------------------------|-------------------------------|------------------|--|
| 2. Principal PI                                       | ace of Business                       | 2a. Mailing Address  |  |                                   | 4. FEI Number<br>65-0095280                             |  | -                            | Applied For<br>Not Applicable |                  |  |
| Suite, Apt.   | #, elc.                               | Suite, Apt. #, etc.  |  |                                   | 5. Certificate of Status Desired                        | \$8.75 Additional Fee Required   |                              |                               |                  |  |
| City & State  | )                                     | City & State   |  |                                   | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees  |                              |                               |                  |  |
| Zip<br>4  | Country 25                            | Zip 29   | 30   | untry                             |   | Torrott Etatotto   | ] Yes [                      | No                            | or s. 199.032,   |  |
|   | 9. Name and Address of Curre          | nt Registered Agent  | · - · - · - · · · - · -                    | Ţ,                                | ,   | 10. Name and Address of New Re   | gistered A                   | gent                          |                  |  |
| LITTMAN, CURTIS A.                                    |                                       |  |  |                                   | Name  | ame  |                              |                               |                  |  |
| 1855<br>SUIT  | SOUTH KANNER HIGHWAY                  |  |  | 82                                | Street A  | Address (P.O. Box Number is Not Acceptal   | ble)                         |                               |                  |  |
|   | ART FL 34994                          |  |  | 83                                |   |  |                              |                               |                  |  |
|   |                                       |  |  | 84                                | City  |  | FL                           | 85 2                          | Zip Code         |  |
| agent. I ar   | m familiar with, and accept the oblig | gations of, Section 607.0505,                                | Florida Sta                                | atutes                            | S.  | oration's board of directors. I hereby acce  | DATE                         |                               |                  |  |
| 12.   |                                       | ID DIRECTORS   | 13   |                                   |   | ADDITIONS/CHANGES TO OFFIC   |                              |                               |                  |  |
| TITLE   | • •                                   |  | 1.1  | 1.1 TITLE                         |   |  |                              | Char                          | ge [_] Addition  |  |
| NAME  | DUNNE, PAMELA J                       |  |  | NAME                              |   |  |                              |                               |                  |  |
| STREET ADDRESS  | 3784 BARBARA DR                       |  |  |                                   | ADDRESS   |  |                              |                               |                  |  |
| CITY-ST-ZIP   | JENSON BEACH FL                       |  |  | 1.4 C(1Y - ST - Z(P)<br>2.1 TITLE |   |  |                              | Char                          | ge 🔲 Additio     |  |
| TIFLE<br>NAME   | DUNNE, ALLEN P                        |  |  | 2.1 111.0<br>2.2 NAME             |   |  |                              |                               | .go [            |  |
| STREET ADDRESS  | 3784 BARBARA DRIVE                    |  | - 1  |                                   | ADDRESS   |  |                              |                               |                  |  |
| CITY-ST-ZIP   | JENSEN BEACH FL                       |  |  | CITY-                             |   |  |                              |                               |                  |  |
| TITLE   |                                       | DELETE   |  | TITLE                             |   |  |                              | Char                          | ige 🔲 Additio    |  |
| NAME  |                                       |  | 3.2  | NAM!                              |   |  |                              |                               |                  |  |
| STREET ADDRESS  |                                       |  | 3.3  | STREET                            | ADDRESS   |  |                              |                               |                  |  |
| CITY-ST-ZIP   |                                       |  | 3 4.                                       | CHY-S                             | S1 - 7IP  |  |                              |                               |                  |  |
| TITLE   |                                       | ☐ DELETE.  | 4.1  | THLE                              |   |  |                              | Char                          | ige [_] Additio  |  |
| NAME  |                                       |  | 4. 2                                       | NAME                              |   |  |                              |                               |                  |  |
| STREET ADDRESS  |                                       |  | 1  |                                   | ADDRESS   |  |                              |                               |                  |  |
| CITY-ST-ZIP   |                                       | DELETE   |  | CITY S                            | ST - ZIP  |  |                              | ☐ Char                        | ige Additio      |  |
| TITLE   |                                       | D(111(   |  | 1114.5                            |   |  |                              | L Ulla                        | ige [naditio     |  |
| NAME  |                                       |  |  | NAME<br>CIOCCI                    | ADDRESS   |  |                              |                               |                  |  |
| STREET ADDRESS  |                                       |  |  | STRLET<br>CITY - S                |   |  |                              |                               |                  |  |
| CITY-ST-ZIP<br>TITLE                                  |                                       | DELFTE   |  | 11715<br>11716                    | N . T.R   |  |                              | Char                          | ige 🔲 Additio    |  |
| NAME  |                                       | and the same   |  | NAME                              |   |  |                              |                               | _                |  |
| STREET ADDRESS  |                                       |  |  |                                   | ADDRESS   |  |                              |                               |                  |  |
| CITY-SI-ZIP   |                                       |  |  | CITY S                            |   |  |                              |                               |                  |  |
| 14. I do heret<br>informatio<br>I am an o             | n indicated on this annual report or  | supplemental annual report<br>or the receiver or trustee emp | ralify for th<br>is true and<br>powered to | e exe<br>Lacci<br>exec            | emption s   | tated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg eport as required by Chapter 607, Florida | al effect as<br>Statutes; ar | if made<br>id that r          | : under oath: th |  |