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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K63148

(6)

EAST COAST MODULAR CONSTRUCTION, INC.

Principal Place		Mailing Address		r cadabut ses ausab birlis bibar bibar batt biller bibar bibut biller bibit bibit bibit bibit
% Garland Goldston 11411 Kazimer Drive Orlando FL 32837-9044		% GARLAND GOLDSTON 11411 KAZIMER DRIVE ORLANDO FL 32837-8044		
				3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1989 03/14/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		Suite Act 4 etc		<b>59-2927651</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
22   City & State	<u> </u>	Crty & State		//Mes 4
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zφ	Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032.
24	25	29	30	Florida Statutes
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
GOL	DSTON, GARLAND		81 Nam	<b>10</b>
	1 Kazimer Drive		82 Stree	et Address (P.O. Box Number is Not Acceptable)
ORL	ANDO FL 32821		63	
			63	
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-name	
office or r	egistered agent, or both, in the Sta m famil ar with, and accept the obl-	te of Florida, Such change was igations of Section 607,0505. F	authorized by the co	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
S:GNATURE	The training of the control of the control	ig.mons of coolor our good, t	ionda bialoles.	
3:GIAMTONE	Signature, typed or printed name of registered a	age cland the if applicable (NC	TE Flegistered Agent signati	ture required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1016	PD	DELETE	1.4 TITLE	Change  Addition
NAME	GOLDSTON, GARLAND		1.2 NAME	
STREET ADDRESS	11411 KAZIMAR DR		1.3 STREET ADDRESS	s
ETY-ST-7IP TillE	ORLANDO FL	DELETE	1.4 CITY - ST - ZIP	Change Addition
NAME	ST GOLDSTON, GARLAND	FT DECEME	2.1 TITLE	Change Addition
STREET ADDRESS	11411 KAZIMER DR.		2.2 NAME	
E-TY-SI-7/P	ORLANDO FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	
THLE	UNDANDO I E	DELETE	3.1 TiTLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	s
CHTY - ST - 7IP			3.4. CITY-ST-ZIP	
THE		DELETE	4.1 TITLE	Change Addition
NAM;			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	S
CITY - \$1 - 7IP			4.4 CITY-ST-ZIP	
THE		L_ DELETE	5.1 TITLE	L_I Change L_J Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	S
CITY - ST - ZIP TITLE		DELETE	5.4 CITY~ST~2IP	Change Addition
NAME		iii precit	6.1 TITLE	Change El Addition
			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	٥
14.   do heren	by certify that the information suppl	ed with this filing does not qua	6.4 CITY-ST-ZIP lify for the exemption	n stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	n indicaled on this annual report of	r supplemental annual report is:	true and accurate ar	nd that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name