FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **K69143** **(1)**

1. Corporate Name
VRV CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
1635 W. FLAGLER STREET 925 W FLAGLER ST MIAMI FL 33125 US	1635 W. FLAGLER STREET 925 W FLAGLER ST MIAMI FL 33125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0103794	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. Does corporation have, or anticipate tax credit S 1999? Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 7845 NW 66 St.	26
Suite Apt. # etc. 22 Miami, Fl.	Suite Apt. # etc. 27
City & State 23 33166	City & State 28
Zip 24	County 25 Dade
Zip 29	County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VANN, VINCENT R. 1635 W. FLAGLER STREET MIAMI FL 33125	81 Name: Vann, Vincent R. 82 Street Address (P.O. Box Number is Not Acceptable): 7845 NW 66 Ave 83 84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Section 607.0502, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in 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 607.0505, Florida Statutes.

SIGNATURE: Vincent R. Vann Secr. 3-18-95
(Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
D VANN, VINCENT R. 13720 SW 104TH AVENUE MIAMI FL	☐ Change ☐ Addition
D VANN, ADRIANA H. 13720 SW 104TH AVENUE MIAMI FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07 (3)(i), Florida Statutes. I further certify that the information indicated on this 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, or Block 11 (if changed), or on an attachment with an address.

SIGNATURE: Vincent R. Vann Secr. 305/470-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0126004 CP

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **K69599** **(4)**

1. Corporation Name

W.J. EHNER MANAGEMENT CONSULTING, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM SCOTT FOSTER 909 MAR-WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547-6711	C/O WILLIAM SCOTT FOSTER 909 MAR-WALT DRIVE, SUITE 1014 FORT WALTON BEACH FL 32547-6711

FILED
3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3. Date Incorporated or Qualified: **02/27/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2943852** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR-WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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, in 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1 TITLE	☑ Change ☐ Addition
NAME	EHNER, WILLIAM J. ✓	1 NAME	
STREET ADDRESS	554 CORAL COURT UNIT 206	1 STREET ADDRESS	220 Gulf Shore Dr # 331
CITY-ST-ZIP	FT. WALTON BEACH FL	1 CITY-ST-ZIP	~~Ft. Walton Beach~~ Destin, FL 32541
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Ehner 4/28/95 904 491 8932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0366381 CP