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Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K71418** (3)  
1. Corporation Name  
**CUSTOM RECONSTRUCTION, INC.**



Principal Place of Business Mailing Address  
C/O DAVID G. HAIRE 2342 IVY AVE. FT. MYERS FL 33907-1251  
C/O DAVID G. HAIRE 2342 IVY AVE. FT. MYERS FL 33907-4251

3. Date Incorporated or Qualified **03/09/1989** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **504 CENTER RD** 26 **PO Box 60264**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 **FT MYERS, FL** 28 **FT MYERS, FL**  
24 **33907** 25 **USA** 29 **33906-6264** 30 **USA**

4. FEI Number **65-0114732** 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

9. Name and Address of Current Registered Agent  
**HAIRE, DAVID G.**  
**2342 IVY AVE.**  
**FT. MYERS FL 33907**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**144 WANATAH AVE S.**  
83  
84 City **Lehigh Acres** FL 85 Zip Code **33936**

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 **David Haire President** DATE **4/14/97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MANKINS, VICKI LEE</b>	
STREET ADDRESS	<b>2342 IVY AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HAIRE, DAVID G.</b>	
STREET ADDRESS	<b>2342 IVY AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ELAKMAN, SY</b>	
STREET ADDRESS	<b>3859 BEE RIDGE RD., #104</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>144 WANATAH AVE S.</b>
1.4 CITY-ST-ZIP	<b>Lehigh Acres FL 33936</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>144 WANATAH AVE S.</b>
2.4 CITY-ST-ZIP	<b>Lehigh Acres FL 33936</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VICE PRESIDENT</b>
4.3 STREET ADDRESS	<b>THOMAS J. MANN</b>
4.4 CITY-ST-ZIP	<b>7146 EMILY DR. FT. MYERS, FL 33908</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VICE PRESIDENT</b>
5.3 STREET ADDRESS	<b>JOHN W. MANN</b>
5.4 CITY-ST-ZIP	<b>2061 FLOWERS DR FT.MY. FL 33907</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: **David Haire** DATE: **4/14/97** TELEPHONE: **941-278-0595**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)