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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L14412

(5)

U'PIER	RE CONSTRUCTION,	INC.							
Principal Place o	of Business	Mailing Address				Prifibilifit Bill fritit alati araat san			27E11 91B11 1891
6801 RICH RD. 6801 RICH RD. N. FT. MYERS FL 33917 N. FT. MYERS FL 33917									
						3. Date Incorporated or Qualified 09/06/1989		te of Last Re 04/28/199	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		L.———	pplied For
]		26				59-1309544			lot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
2]		27				Election Campaign Financing) May Be
City & State		City & State				Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	T C0	untry		8. This corporation has liability for	intangible		<u> </u>
]	25	29	30	,		Florida Statutes	s ∐No		
	9. Name and Address of			T		10. Name and Address of New	Registered	d Agent	
				81	Name				
	sen, kjell		82 Street Ad			ess (P.O. Box Number is Not Accepta	ible)		
	STERO BLVD.								
FI. MYE	ERS BEACH FL 33931			83			·		
				84	City		F	85 Zip	Code
familiar with	 h. and accept the obligations of 	of Cootion 607 0606. Florida Statute							
NONIATUDE:	Signature, typed or printed name of registe	ared agent and tried applicable (h	VOTE: Register	od Agen		ration submits this statement for the pird of directors. I hereby accept the applications of the pird of directors of the pird of directors. I hereby accept the applications of the pird	DATE		
SIGNATURE _	Signature, typed or printed name of registe OFFICE	ored agent and trie if applicable (f	vOTE: Register	od Agen			DATE	ND DIRECTO	
SIGNATURE	Signature, typed or printed name of registe OFFICE	ared agent and tried applicable (h	NOTE: Register 13	od Agen TITLE		d when reinstating)	DATE		RS IN 12
SIGNATURE	Signature, typed or printed name of register OFFICE PD POIRIER, EPHREM A.	ored agent and trie if applicable (f	NOTE: Register 13 1. 1 1.2	od Agen i. TITLE NAME	t signature require	d when reinstating)	DATE	ND DIRECTO	RS IN 12
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SIGNATURE:

42556 Date

Daytime Phone #