FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(0)

CONSTRUCTION ASSOCIATED SERVICES, INC.

Principal Place of Business

Mailing Address



47	WALTER G. TOET 17 BANYAN LANE AMARAC FL 33319			4717 BANYAN LANE TAMARAC FL 33319			3. Date Incorporated or Qua 11/02/1989	ified 3a. Date	e of Last Report 1 0/05/1 9 95
2.	2. Principal Place of Business 11 Suite, Apt. #, etc. 12 City & State			, Mailing Address			4. FEI Number 65-0181793		Applied For Not Applicable \$8.75 Additional
				Suite, Apt. #, etc.			5. Certificate of Status Desir	Fee Required	
22				Oty & State			Election Campaign Finance Trust Fund Contribution		\$5.00 May Be Added to Fees
	Zip	Country	28	Z _I p	30	rīty	Tionica Ottatoro	∐]Yes 🖳 🕅o	
24	9. Name	25 and Address of Cu		stered Agent		81 Name	10. Name and Address of	New Registered	l Agent
	TOET, WALTER G	NE				82 Street Add	dress (P.O. Box Number is Not Ac	ceptable)	
	TAMARAC FL 333				_	84 City		F	
11				507,1508, Florida Statut chichange was authoriz 7,0505, Florida Statutes		eve named corp corporation's bo	oration submits this statement for oard of directors. Thereby accept t	the appointment a	as registered agent. I am

ŚI	guidore typed priproted can a principle agest and the file principle	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2	OFFICERS AND DIRECTORS		Change Additi
TLE	<i>U</i>	1.2 NAME	
AME	TOET, WALTER G.	13 STREET ADDRESS	
TREET ADDRESS	4717 BANYAN LANE	1 4 CITY - ST - ZIP	
·TY - ST - 7ΙΡ	TAMARAC FL		Change
ITLE		2.2 NAME	
AME		23 STREET ADDRESS	
TREET ADDRESS		2.4 City - St - ZiP	
ITY - ST - ZIP	☐ D£LFT		Change Addit
ITLE		3.2 NAME	
IAME		3.3 STREE! ADDRESS	
REET ADORESS		3 4 CITY - S1 - ZIP	
OITY - \$1 - Z [.] P	☐ DELF!		Change Addi
ITLE		4.2 NAME	
VAMê		4.3 STREET ADDRESS	
SEBROCA TEERTS			
CITY - 51 - 21P	DELE'	4.4 CITY - S1 - 71P E 5.1 TITUE	☐ Change ☐ Addi
TITLE	[
NAME		£ 2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
City -ST-ZIP	F7 01/6	5 4 CITY - ST - ZIF	Change Add
TiTLE	DEL F		
NAME		6 ? NAME	
STREET ADDRESS		63 STHEET ADDRESS	
CITY-ST-ZIP		64 CITY - ST - ZIP	for the exemption stated in Section 119 07(3)(k). Florida Statutes. I furth

I do hereby certify that the information supplied with this filing is voluntarily formshed and does not qualify for the exemption stated in Section 119 07(3)(k). 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 early 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:

N. G. TOBT PRIES

4/24/26 (954) 783-1833