

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

FILED

May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L50764** (4)

1. Corporation Name  
**DEL VERA CONSTRUCTION CORPORATION**

Principal Place of Business

Mailing Address

**18621 N. TAMiami TRAIL  
N. FT. MYERS FL 33903**

**18621 N. TAMiami TRAIL  
N. FT. MYERS FL 33903-1308**



2. Principal Place of Business 21 <b>18551 N. Tamiami Trail</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>18551 No. Tamiami Trail</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/16/1990</b>	3a. Date of Last Report <b>03/13/1996</b>
22 City & State 23 <b>No. Ft. Myers, FL</b> Zip Country 24 <b>33903 Lee</b>		27 City & State 28 <b>No. Ft. Myers, FL</b> Zip Country 29 <b>33903 Lee</b>		4. FEI Number <b>65-0175854</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 <b>Lee</b>		30 <b>Lee</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WAGLE, HAROLD H. 18551 N. TAMiami TRAIL FT. MYERS FL 33903</b>		10. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		<b>FL</b>	

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 *[Signature]*

(NOTE: Registered Agent signature required when reappointing)

*4/28/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANAVOS, PAUL C.</b>	1.2 NAME	
STREET ADDRESS	<b>18621 N. TAMiami TRAIL</b>	1.3 STREET ADDRESS	<b>18551 No. Tamiami Trail</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>No. Ft. Myers, FL 33903</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANAVOS, PETER J.</b>	2.2 NAME	
STREET ADDRESS	<b>18621 N. TAMiami TRAIL</b>	2.3 STREET ADDRESS	<b>18551 No. Tamiami Trail</b>
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>No. Ft. Myers, FL 33903</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGLE, HAROLD H.</b>	3.2 NAME	
STREET ADDRESS	<b>18621 N. TAMiami TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FORT MYERS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETERS, ROBERT G</b>	4.2 NAME	
STREET ADDRESS	<b>18621 N TAMiami TRAIL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KANAVOS, MARK D</b>	5.2 NAME	
STREET ADDRESS	<b>18621 N TAMiami TRAIL</b>	5.3 STREET ADDRESS	<b>18551 No. Tamiami Trail</b>
CITY-ST-ZIP	<b>N FORT MYERS FL</b>	5.4 CITY-ST-ZIP	<b>No. Ft. Myers, FL 33903</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/97*  
Date

*941-731-2700*  
Daytime Phone

0396853

CR2E034 (9/96)