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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

L50981

(4)

IOI.	ANID	SURVEYING	ANID	BAADDIMO	COMPANY
ЮL	UNA.	SURVETING	ANU	MAPPING	LUMPANY

Principal Place 2555 N. CO 31 MERRITT IS	of Business RTENAY PKWY. LAND FL 32953	Mailing Address 2555 N. COURTENA' 31 MERRITT ISLAND FL				
US		US	US		3. Date Incorporated or Qualified 3a. 02/13/1990	Date of Last Report 04/20/1995
2. Principal Pla	ce of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 59-2995479	Applied For Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
2 3 Zip	Country	28 Zip	+		Trust Fund Contribution	Added to Fees
24]	25	29	30		B. This corporation has liability for intangiting Florida Statutes □ Yes □ N	•
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registe	ered Agent
			8	1 Name		
	A, PHILIP P.		L.	82 Street Address (P.O. Box Number is Not Acceptable)		
	O. CORTENAY PKWY., #31 IT ISLAND FL 32953					
MENNII	1 10LAND FL 32933		8	3		
			8	4 City		FL 85 Zip Code
SIGNATI IDE	n, and accept the obligations of, Signature, typed or printed name of registered a			ivat signature required	d when reinstatings	ATE AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1. 1 TITL	[Change Addition
NAME	MOLICA, PHILIP P	NO107 #04	1.2 NAME			
STREET ADDRESS	2555 NO. COURTENAY F MERRITT ISLAND FL	^NWT., #31	1.3 S1RE	ET ADDRESS		
CITY-ST-ZIP TITLE	MERRITI IODANO FL	☐ DELETE	1,4 CITY			
NAME		☐ Detest	2. 1 TITL			Change Addition
STREET ADDRESS			2.2 NAM	ET ADDRESS		
CITY-ST-2IP			2 4 CHY			
TITLE		DELETE	3. 1 TITU			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3. STR	EL ADDRESS		
CITY-S1-ZIP			3.4 C/TY	-ST-ZIP		
THILE		☐ DELETE	4. 1 TiTL			Change Addition
NAME			4.2 NAM			
STREET ADDRESS			4.3 STRE	et address		
CITY-ST-ZIP		FTI DELETE	4.4 CITY			
TITLE		☐ DELETE	5. 1 TIILI	1		Change Addition
NAME STREET ADDRESS			5.2 NAMI			
CITY-ST-ZIP				ET ADDRESS		
TITLE		DELETE	5.4 CITY 6. 1 TITU			Change Addition
NAME			6.2 NAME			The charge of vooition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	S1 - 7/P		
14. I do hereby	certify that the information supplie	d with this filing is voluntarily fum	ished and do	es not cualify fo	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
					te and that my signature shall have the same I s report as required by Chapter 607, Florida S	

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #