COF ANNU	PROFIT RPORATION JAL REPORT 1996	FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # L57855 (3)					
•	n Name & KNOTT CONSTRUCTION	• •			
11220	a morr concincent	JI4, 1140.		† ADARLIJAN ADD PARKA PAGAR LADAR BULA	I DOM BERIO ROBER BORE ROBER BORE
Principal Place	e of Business	Mailing Address			1/4 EINI 6/11 8/11 8/14 9/14 9/14 6/14
%PHILLIP G. REED 3531 GRIFFIN ROAD 3531 GRIFFIN ROAD					
		FT. LAUDERDALE FL	33321	3. Date Incorporated or Qualified 03/12/1990	3a. Date of Last Report 03/28/1995
21 2980	ace of Business GRIFFIN ROAD	2a. Mailing Address 26 2980 GR	IFFIN ROAD	4. FET Number 65-0203656	Applied For Not Applicable
Suite, Apt. 22 SUIT	E 3	Suite, Apt. #, etc. 27 SUITE 3		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	AUDERDALE, FL.	City & State 28 FT, LAUDEN	PALE FL.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3331	25 DROWAR 9. Name and Address of Cur	D 29 333/2	Country 30 BROWARD	8. This corporation has liability for i Florida Statutes Yes	intangible tax under s. 199.032,
11. Pursuant t	oo ogoni, or both, in the date of the	SHOW SUSTEDIATION WAS AUTIDIZE	sa ov uje corperation s nev	oration submits this statement for the pur and of directors. Thereby accept the appo	FL 85 Zip Code
SIGNATURE .	in, and accept the obligations of, S	ection 607.0505, Florida Statutes	,	and a consist thorough document upper	seriorit us registeres agent. (am
12.	Signature typed or printed name of registered at OFFICERS.	entace the if applicable (NO AND DIRECTORS	TE: Registered Agent signature require 13.	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO AND DIDEOTODO HILLO
TITLE	P	DELETE	1 1 TITLE	2980 GRIFFIN RUAD	Change Addition
NAME Street address	REED, PHILLIP G. 3531 GRIFFIN ROAD		1.2 NAME 1.3 STREE1 ADDRESS	SUITE 3 FT. LAUDERDALE, FL. 3	• • -
CITY-ST-ZIP	FT. LAUDERDALE FL		1 4 CITY - SI - ZIP	71.24022000	3317
TITLE		DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		T DELETE	2.4 CITY - ST - ZIP		
NAME		□ DELETE	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3 4 CITY - ST - ZIF		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	4.4.CITY-ST-7IP		
TITLE		☐ DECETE	5 1 TITCE		Change Addition
NAME STREET ANDRESS /			5 2 NAME		
STREET ADDRESS DITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5 4 CITY - ST - 2IF 6 1 TITLE		Character Emiliani
NAME		[] Differe	62 NAME		Change Addition
			o z magaz		
STREET ADDRESS			6.3 STPEET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 triat 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

Bignature AND Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR