24970-1291 **FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertiram

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L62073

(6)

NÓW CONSTRUCTION, INC.

•					
Principal Place of Business		Mailing Address	Mailing Address		910H 818H 516H 910H 910H 018H 106H
E & L BUILDING #1704 ROOM #1405 CAPE CANAVERAL AFB FL 32920		P.O. BOX 21126 KENNEDY SPACE CENTER FL 32815-0126 US			
US				 Date Incorporated or Qualified 04/03/1990 	3a. Date of Last Report 03/26/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3002198	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	D	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country 10	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Curr	····		10. Name and Address of New Re	gistered Agent
HOV	VELL, MARTHA A.		81 Name		
5035 LANCELOT AVENUE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
LAKI	ELAND FL 33813		83	***************************************	
			84 City		FL 85 Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	i02 and 607.1508, Florida Statutes te of Florida, Such change was au gations of, Section 607.0505, Flori	s, the above-named co thorized by the corpora ida Statutes.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATURE					
12.	5-g as in Type of winded name of registered a On LEOS DRIA	record and title if applicable. (NOTE: I NO DIRECTORS	Registered Agent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
7171.6	D	DELETE		RESTORNS	Change Addition
NAME	HOWELL, MARTHA A.		1.2 NAME 14	A AHEAM MARTHA A	Addition Addition
STREET ADDRESS	313 WILSON AVENUE		1.3 STREET ADORESS 1.5	TOUSELL, MARTHA A	uur ,
CITY-S1-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	AICELAND, FLORIDA 3	538)3
THLE	ST	DELETE		ILE PRESIDENT	Change X Addition
NAME	ALMAZAN, PEDRO P.			unn D. JESSE	
STREET ADDRESS	313 WILSON AVENUE			37 SPARROW DREUE	
CITY-ST-ZIP	TITUSVILLE FL			WELLETE BEACH, FI 3	2937
TIFLE		☐ DELET€		LEASURER I SELRETARY	Change Addition
NAM:			32 NAME	homas L. MITCHELL'	/^
STREET ADDRESS			33 STREET ADDRESS 🤼	0. Box 1343	NA
CITY-ST-ZIP			34. CITY-ST-ZIP	AND O'LAKES, FI 34	609
THLE		L DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
City+St-ZiP			4.4 CITY-ST-ZIP		
TOLE		☐ DELET€	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7-P		DELETE	5.4 CITY - ST - ZIP		
I TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	,	_
STREET ADDRESS			6.3 STREET ADDRESS	1/2 2-21	n. \$165

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

SIGNATURE:

1 am an officer or director of the co appears in Block 12 or Block 13 if

FILED

Feb 25 1997 8:00am

Secretary of State