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 # **L81551** **(8)**

1. Corporation Name

MITSUI CONSTRUCTION CORP.

Principal Place of Business	Mailing Address
% XL CORPORATE SERVICES INC 354 OFC PL. MAGNOLIA OFFICE CENTER TALLAHASSEE FL 32301 US	354 OFFICE PLAZA MAGNOLIA OFFICE CENTER TALLAHASSEE FL 32301 US

2. Principal Place of Business	2a. Mailing Address
21 591 Tuckerman Ave.	26 P.O. Box 4548
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Middletown, RI	City & State 28 Middletown, RI
Zip 24 02842 Country 25 USA	Zip 29 02842 Country 30 USA

3. Date Incorporated or Qualified: 06/19/1990	3a. Date of Last Report: 04/07/1995
4. FEI Number: 65-0239646	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LAGER, THOMAS W.
354 OFFICE PLAZA
MAGNOLIA OFFICE CENTER
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: SANDRA LANG
82 Street Address (P.O. Box Number is Not Acceptable): 1506 ECKLES DR.
83
84 City: TAMPA FL 85 Zip Code: 33612

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: Sandra C. Lang
(Signature, typed or printed name of registered agent and date due) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANG, PATRICIA		1.2 NAME	
STREET ADDRESS	1413 SOUTH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MANION, EILEEN		2.2 NAME	
STREET ADDRESS	1321 SOUTH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LANG, SANDRA		3.2 NAME	
STREET ADDRESS	1506 ECKLES DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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: ~~Thomas Lang~~ President / TRISH LANG 6/26/96 (401)848-9262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #