FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CONSTRUCTION PROJECT CONTROL SERVICES, INC.

DOCUMENT # M07080 (8)

Mailing Address
7777 PINES BLVD., #102
P.O. BOX 9007
PEMBROKE PINES FL 33024

Principal Place of Business
7777 PINES BLVD., #102
P.O. BOX 9007
PEMBROKE PINES FL 33024

If above addresses are incorrect in any way, lines through incorrect information and make correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/29/1984
3a. Date of Last Report: 06/17/1993
4. FEI Number: 65-0148731 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired $5.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LOMBARDI, BARNEY
7777 PINES BLVD.
SUITE 102
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	V/S/T	
1.2 NAME	LAGOIS, CAROL	
1.3 STREET ADDRESS	11050 REDWOOD AVE.	
1.4 CITY-ST-ZIP	PEMBROKE PINES FL	
2.1 TITLE	P/D	000000148731
2.2 NAME	LOMBARDI, BARNEY	-05/12/95--01012--018
2.3 STREET ADDRESS	7777 PINES BLVD., #102	****200.00 ****200.00
2.4 CITY-ST-ZIP	PEMBROKE PINES FL	
3.1 TITLE	V/D	
3.2 NAME	KRONOWITZ, KENNETH G.	
3.3 STREET ADDRESS	1210 NE 176 ST.	
3.4 CITY-ST-ZIP	N. MIAMI BCH. FL	
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		T/S 5/11/95

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barney Lombardi PRESIDENT 2-25-94 3052581930
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

4/28/95