FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 SEP 19 AM 10: 02

SECRETARY OF STATE

	MENT # M7594 A STRUCTURES, INC.	.6 (7)			TALLAHASSEE.FL	
Principal Place of Business Mailing Address						
28518 LAKE IN TAVARES FL 3	NDUSTRIAL BLVD 32778	28518 LAKE INDUSTRIAL I TAVARES FL 32778-9742	BLVD			
					3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Report 08/06/1996
2. Principal Place of Business 2e. Mailing Address					4. FEI Number	Applied For
26 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				\$0.7E + 400		Not Applicable \$8.75 Additional
30(t), Apr. w, 6(c).				5. Certificate of Status Desired Fee Required		T T T T T T T T T T T T T T T T T T T
City & State City & State			6. Election Campaign Financing \$5.00 May Be		\$5.00 May Be	
23		28		··	Trust Fund Contribution	Added to Fees
Zip 24	Country 25		Country 30	·	This corporation has liability for Florida Statutes	Yes 🔲 No
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Re	egistered Agent
MARTIN, FREO E.			81	Name		
13050 COUNTRY CLUB DR. TAVARES FL			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)
			83			
			84	City		FL 85 Zip Code
SIGNATURE	Signature, typed or pented name of registered as	gent and tale if applicable (NOTI	E Registered Age		poration submits this statement for the plans board of directors. I hereby acce	DATE
12. 117LE	OFFICERS AI	ND DIRECTORS DELETE	13.	·	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	KOFOED, SHIRLEY J.	Mille	1.2 NAME			C Sumigo C Musicion
STREET ADDRESS	23829 OAKTREE DR		1.3 STREET ADDRESS		الرايات والمار والمار والمار والمار والمار المار والمار	ياسي سنو ي يسريسي
CITY-ST-ZIP	SORRENTO FL	•	1.4 CITY-ST-ZIP		50000	79701057002
TITLE	OP	☐ DELETE	21 TITLE		****16	2979152 797-01057-002 75.00 ****165.00***
NAME	MARTIN, FRED E.		2.2 NAME			
STREET ADDRESS	13050 COUNTRY CLUB RD		2.3 STREE1			
CITY-ST-ZIP TITLE	TAVARES FL	DELETE	2. 4 CITY - 3.1 TITLE	S1-2IP		Change Addition
NAME			3.1 THE 3.2 NAME	i i		Change Chantion
STREET ADDRESS			3.2 NAME.	ADDRESS	T.	
CITY-ST-ZIP			3.4. Cl1Y-	I .	e.	
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY-S			·····
TITLE		DELETE	5.1 TITLE	-	•	Change Addition
NAME ATTITUTE ADDRESS			5.2 NAME	Inneres .		
STREET ADDRESS			5.3 \$1REFT	ì		\wedge
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	ar-ZIP		Change Ariemion
NAME			6.2 NAME			Jale
STREET ADDRESS			6.3 STREET	ADDRESS		57191
CITY-ST-7#			6.4 CITY-S	I .		VIII

14. To 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 arrural report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 changing of the production of the corporation of the cor