

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
THEODORE J. ARPIN CONSTRUCTION, INC.

DOCUMENT #
M82882 (5)

Mailing Address
**% THEODORE J. ARPIN
8107 SW 19TH ST.
NORTH LAUDERDALE FL 33068**

Principal Place of Business
**% THEODORE J. ARPIN
8107 SW 19TH ST.
NORTH LAUDERDALE FL 33068**

ANNUAL REPORT
P.O. 6327
TALLAHASSEE, FLA
32314

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/23/1988		05/24/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0051079		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
23		28		\$8.75 Additional Fee Required <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

**ARPIN, THEODORE J.
8107 SW 19TH ST.
NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81	Name
82	Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent must sign when mandating)

488-9000

DATE

12. OFFICERS AND DIRECTORS				13. PARTIAL LIST OF OFFICERS AND DIRECTORS IN 1996			
1.1 TITLE	P/S	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	ARPIN, THEODORE J.	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	8107 S.W. 19TH ST.	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	N. LAUDERDALE FL	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE	T/D	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	ARPIN, THEODORE J.	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	8107 S.W. 19TH ST.	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	N. LAUDERDALE FL	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE	D	3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME	TED GRATZ	3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS	2057 NE 9 AVENUE	3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	WILTON MANORS FL	3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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, 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:

THEODORE J. ARPIN

TYPE OR PRINTED NAME

300001914453
-08/06/96--01157--026
***225.00

8/1/96

954 726 1484

Daytime Phone #