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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # M86622** (1) CONSTABLE LIMITED, INC. Principa' Place of Business Mailing Address **WSTEPHANIE CONSTABLE** *WSTEPHANIE CONSTABLE* 2531 THOMAS STREET 2531 THOMAS STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-2062 3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1988 08/07/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0053533 Not Applicable 21 26 Suite Apl #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes Country Country 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CONSTABLE. STEPHANIE 2531 THOMAS STREET Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 84 City 85 Zip Code 11. Parsuant 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 + am fatilities with, and accept the obligations of, Section 697,0605, Florida Statutes. (NOTE: Registered Agent signa OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12, 13. DELETE Change Addition THE 1.1 TITLE CONSTABLE, DAVID NAME 1.2 NAME CR2E034 2531 THOMAS ST STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL CHY-SI-7P 1.4 CITY-ST-ZIP DELETE Change Addition | 2 1 TITLE TITLE CONSTABLE, STEPHANIE 2.2 NAME 2531 THOMAS ST STREET ADORESS 2.3 STREET ADDRESS HOLLYWOOD FL 2.4 CITY - ST - ZIP CHY-S1-ZIP Change Addition DELETE 3.1 TITLE N.M. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- \$7-2IP CHY-ST-ZE DELETE ☐ Change Addition 4 1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY -ST - ZIP CHY-ST ZP Change DELETE Addition 51 TITLE THILE 5.2 NAME MAVE STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CHY-SI-78 DELETE Addition Channe TITLE 6.1 TITLE NAME 6.2 NAME **63 STREET ADDRESS** STREET ADDRESS 64 City-SI-7IP City - St - 2iP 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 appears in Block 12 or Block 3 if chapted, or 3 in an attack ment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

FILED

May 12 1997 8:00am

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