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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

<ol> <li>Corporation</li> </ol>	MENT # P1737	72	(4)									
	TRUCTION MARKET DATA	, INC.						1 <b>288</b> 11 <b>88</b> 1 2 <b>8</b> 2 11811 1 <b>888 1</b> 2111 1		)( <b>1</b> )(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)		
Principal Place	of Business	Maili	ng Address									
SUITE A-8	ANTDALE ROAD		/O E.G HILLS 450 DON MILLS ROA	.D								
atlanta G/	A 30340	D U	ON MILLS ON M3B2 S	X			3	Date Incorporated or Qualifie 12/24/1987	d 3a.	Date of La 05/23		
2. Principal Fla	ace of Business	2a. k	failing Address				4	FEI Number <b>58-1506349</b>	•			oplied For ot Applicable
Suite, Apt. #	я, etc.		Suite, Apt. #, etc.				5	Certificate of Status Desired				Additional equired
City & State	·		Dity & State		•		6	. Election Campaign Financing		\$	5.00	May Be
Σφ.	Country	28	7 <sub>1</sub> p	Cou	ntry		8	Trust Fund Contribution  This corporation has liability f	or intang	ible tax und		to Fees 199.032,
1	25	29		30				Florida Statutes (A)  Name and Address of Nev	es 🔲			
	9. Name and Address of Curre	ent Hegiste	rea Agent		81 1	Name		. Name and Address of Nev	negisi	alan Mau		
CTCC	DRPORATION SYSTEM						ddress (F	P.O. Box Number is Not Accep	table)			,
1200 S	OUTH PINE ISLAND ROAD				83							
PLANIA	ATION FL 33324				84 (	City				<b> 8</b> 5	Ζıρ	Code
					<u>L</u>					FL	<u> </u>	
familiar wit	ith, and accept the obligations of, Sec	ction 607.05	505, Florida Statutes	ea by the c	corpora	ation's b	oard or	girectors. I hereby accept the a	ppomm	ont as regis		-g
GNATURE.	th, and accept the obligations of, Socialize typed or partial harmon regulated age.  OFFICERS AI	ed and their spy	olicatore (NC	Tt. Registered	I Agorit s			submits this statement for the directors. I hereby accept the a renslating ADDITIONS/CHANGES TO C		ATE S AND DIRE	CTOF	RS IN 12
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centry that I am an officer or detector of the corporation or the receiver or trust end provided that I am an officer or detector of the corporation or the receiver or truste 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. Jun 1/96 (416) 445-6641

Destine Price #

SIGNATURE: SIGNATURE AND TYPED OFF PRINTED NAME OF EIGNING OFFICER OR DIRECTOR