

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21158 (1)
1. Corporation Name
CONSTRUCTION CONTROL SERVICES CORPORATION



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 10/04/1988		3a. Date of Last Report 04/12/1995	
1444 BISCAYNE BLVD. SUITE 220 MIAMI FL 33132		115 W. MAIN STREET DURHAM NC 27701		4. FEI Number 95-3654998		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
22 City & State		27 City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Zip		28 Zip		10. Name and Address of New Registered Agent			
24 Country		29 Country		81 Name			
25		30		82 Street Address (P.O. Box Number is Not Acceptable)			
9. Name and Address of Current Registered Agent				83			
JONES, ROBIN A 1444 BISCAYNE BLVD. SUITE 220 MIAMI FL 33132				84 City		85 Zip Code	
				FL			

11. Pursuant 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Submitted: November 19, 2003; Accepted: April 14, 2004

Fig. 1. The FeS_2 based Apatite synthesis process using various solvents for synthesis.

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P ROHADFOX, RONALD O.	<input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 W. MAIN STREET		1 2 NAME	
STREET ADDRESS	DURHAM NC 27701		1 3 STREET ADDRESS	
CITY - ST - ZIP			1 4 CITY - ST - ZIP	
TITLE	GM	<input checked="" type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASANI, TAYZOON		2 2 NAME	
STREET ADDRESS	115 W. MAIN STREET		2 3 STREET ADDRESS	
CITY - ST - ZIP	DURHAM NC 27701		2 4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, CECIL		3 2 NAME	
STREET ADDRESS	115 W. MAIN STREET		3 3 STREET ADDRESS	
CITY - ST - ZIP	DURHAM NC 27701		3 4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKES, WALTER		4 2 NAME	
STREET ADDRESS	115 W. MAIN STREET		4 3 STREET ADDRESS	
CITY - ST - ZIP	DURHAM NC 27701		4 4 CITY - ST - ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ALPHONSO,		5 2 NAME	Director
STREET ADDRESS	115 W MAIN ST		5 3 STREET ADDRESS	William Bell
CITY - ST - ZIP	DURHAM NC 27701		5 4 CITY - ST - ZIP	115 W. Main Street
TITLE	D	<input type="checkbox"/> DELETE	6 1 TITLE	Durham, NC 27701
NAME	LEE VALERIA		6 2 NAME	
STREET ADDRESS	115 W MAIN ST		6 3 STREET ADDRESS	
CITY - ST - ZIP	DURHAM NC 27701		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 member 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 changed, or on an attachment with an address.

SIGNATURE: Ronald O. Rohadfox Ronald O. Rohadfox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (919)682-5741

Fig. 1

Discussion

CR2E034 (12/95)