

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21170 (6)
1. Corporation Name
BETHLEHEM CONSTRUCTION CORP.



Principal Place of Business PINNACLE PLACE Box 38001 SUITE 200 ALBANY NY 12203-8001 US ALBANY NY 12203-8001	Mailing Address PINNACLE PLACE Box 38001 SUITE 200 ALBANY NY 12203-8001 US ALBANY NY 12203-8001
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/04/1988 4. FEI Number 14-1575962 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent WOLANIN, V.M. B. HILMYER LAW OFFICE 2135 COTTAGE STREET FORT MYERS FL 33902	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: Vincent M. Wolanin DATE: 2/21/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WOLANIN, VINCENT M. 2135 COTTAGE ST SANibel ISLAND FL Fort MYERS, FL 33902	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSD WOLANIN, VINCENT M. 2135 COTTAGE ST FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO WOLANIN, GREGORY M. PINNACLE PLACE SUITE 200 Box 38001 ALBANY NY 12203-8001	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP WOLANIN, GREGORY M. 1704 WESTERN AVE PO BOX 38001 ALBANY, NY 12203-8001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLANIN, JULIA PINNACLE PLACE SUITE 200 Box 38001 ALBANY NY ALBANY NY 12203-8001	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD WOLANIN, JULIA 1704 WESTERN AVE PO BOX 38001 ALBANY, NY 12203-8001
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent M. Wolanin DATE: 2/21/98 941 982-1515

CR2E034 (10/97)