

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P24049** (9)

1. Corporation Name

ASPINET CONSTRUCTION CO. INCORPORATED



Principal Place of Business

Mailing Address

71 SIMSBURY ROAD
P.O. BOX 410
AVON CT 06001

71 SIMSBURY ROAD
P.O. BOX 410
AVON CT 06001

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

05/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESCHERT, ERNEST
15153 CAPTIVA DRIVE
CAPTIVA FL 33924-0944

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

ERNEST ESCHERT

3-8-96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESCHERT, JAMES	
STREET ADDRESS	9 SCOVILLE ROAD	
CITY-ST-ZIP	CANTON CENTER CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEAUCHENE, PAUL E.	
STREET ADDRESS	56 EDDY ROAD	
CITY-ST-ZIP	PLEASANT VALLEY CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ESCHERT, SALLY G.	
STREET ADDRESS	9 SCOVILLE ROAD	
CITY-ST-ZIP	CANTON CENTER CT	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ESCHERT, WILLIAM E	
STREET ADDRESS	5 OVERLOOK COURT	
CITY-ST-ZIP	AVON CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ESCHERT, ERNEST	
STREET ADDRESS	15153 CAPTIVA DRIVE	
CITY-ST-ZIP	CAPTIVA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96 (860)678-1092

Date:

Daytime Phone #

CR2E034 (12/95)