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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCU 1. Corporati	JMENT # P2955	7 (6)						
PG (	CONSTRUCTION CO., INC. O	F MARYLAND						
Principal Plac	ce of Business	Mailing Address		······				
8813 WAL	OSTREET RD LTHAM WOODS ROAD, SUITE 201 RE MD 21234	PO BOX 590068 ORLANDO FL 32859 US	)				··· •····· •··•·· •··•·· •	itata anan aran 1994
	Place of Business	· y · · · · · · · · · · · · · · · · · ·			3. Date Incorporated or Qua 05/29/1990	alified 3	a. Date of Last 03/29/	
21 2462	Sand Lake Road	28. Mailing Address 26			4. FEI Number 52-1263173		00/28/	Applied For
	bilthom woods Rd 304T	Suite, Apt. #, etc.			5. Certificate of Status Desir	ed [		Not Applicable  5 Additional
City & Stat 23 Balt	more, MD	City & State			Election Campaign Financ     Trust Fund Contribution	cing	\$5.	PRequired  May Be
24 <sup>(11)</sup>		Z <sub>I</sub> p <b>29</b>	Coun	lry	8. This corporation has liabil	ty for intan	gible tax under	ed to Fees s 199.032,
	9. Name and Address of Current I	Registered Agent			10. Name and Address of I			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			8	Name Street Add	ess (P.O. Box Number is Not Acceptable)			
				4 City			7	
				1 '			85   Z	ip Code
11. Pursuant or register	to the provisions of Sections 607.0502 ar	nd 607.1508, Florida Statuti	es, the above	nanied corpo	ration submits this statement for the		FL   65   2	
SIGNATURE	to the provisions of Sections 607.0502 arred agent, or both, in the State of Florida. ith, and accept the obligations of, Section Structure, typical or printed name of registered agent, and	607.0505, Florida Statutes	•		The discount of the discount the	ie purpose appointm	of changing its ent as registered	
SIGNATURE	Standard typical or printed name of registered agent and OF FICERS AND C	607.0505, Florida Statutes	•	inamed corpor poration's boa	dwher renstatings	··· ··· c	of changing its ent as registered	registered office d agent. I am
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certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if changed, or on an attachment with in address.

GNATURE:

SIGNATURE STATES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4 5 96 407-859-1080