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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P39991

(5)

FILED May 02 1997 8:00am Secretary of State

KEN SHANKS CONTRACTORS, INC. Principa: Place of Business Mailing Address 1835 OCEAN AVENUE 1835 OCEAN AVENUE ORTLEY BCH NJ 09751-1537 US									
						 Date Incorporated or Qualified 08/05/1992 		ate of Last F 29/1996	teport
	Place of Business	2a. Mailing Address				4. FEI Number		A	oplied For
	me					CO 75 Addition		ot Applicable	
Suite, Apt	. π, CiC.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ite	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	r intangible	tax under s	i. 199.032,
24	25	29	30					No	
CU	9. Name and Address of Curre	nt Registered Agent		81 Nam		10. Name and Address of New F	registered	Agent	,
	ANKS, KENNETH R.								
917 HOLOMA DRIVE INDIAN RIVER SHORES FL 32963				82 Street Add		s (P.O. Box Number is Not Accept	able)		
1110	MILLITER OFFICE LE OFFICE			83					
						<u>. iri </u>		Tall W	0
				84 City			FL	.	Code
SIGNATURE	I to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, types or printed name of registered as	pent and title if applicable {	NOTE Registers			when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	71.5		ADDITIONS/CHANGES TO OF	ICERS ANI	DIRECTOR Change	RS IN 12 Addition
THILE NAME	SHANKS, KENNETH R.	C DEFFIE	1.1 T						L.J Addition
STREET ADDRESS	NAT MOLOMA DONE		- 1	treet addres	,c				
CHY ST-ZIP	IND. RIV. SHORES FL			ITY-ST-ZIP	"				
TITLE	\$	☐ DELETE	217	············	_			Change	Addition
NAME	SHANKS, CYNTHIA I.		22 N	AME	- [
STREET ADDRESS			2.3 \$	TREET ADDRES	s [į.			
CITY-51-ZIP	IND. RIV. SHORES FL			HTY-ST-ZIP				T los	
TIFLE		☐ DELETE	3.1 7					Charige	Addition
NAME SWELT ADDRESS			3.2 N	ame Treet a ddres					
STREET ADDRESS				ITY-ST- <i>2</i> iP	,				
CHY-ST-ZEP TITLE	77741.	DELETE	4.1 1		+-			Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			4.3 S	TREET ADDRES	s				
CITY ST-ZIF			4.4 0	ITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TOLE		☐ DELETE	517	ITLE				Change Change	Addition
NAME			52 N						
STREET ADDRESS	i			TREET ADDRES	SS				
CITY ST-ZIF		DELETE		ITY-ST-ZIP				Change	Addilion
TOLE		Fi ottett	6.1 7		- [C nignife	LL AGGINON
NAME CORET ASSUME			6.2 h		.				
STREET ADDRESS				TREET ADDRES	»				
CITY - ST - ZIP	1			ITY-ST-ZIP		Section 119 07/3Vi) Florida Stati			

I do 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 changed, or on an attachment with an address.