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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Apr 18 1997 8:00am Secretary of State Sandra B. Mortham

	MENT # P920 NSTRUCTION & DEVE				1				
Principal Place of Business 2277 LEE ROAD SUITE 200-EAST WINTER PARK FL 32789 US		Mailing Address 2277 LEE ROAD SUITE #200-EAST WINTER PARK FL 32789	2277 LEE ROAD						
						Date Incorporated or Qualified Sa. Date of Last Repor 05/01/1992			
— '	lace of Business	2a. Mailing Address			4. FEI Number		Applied F		
Suite, Apt	#. etc	26	Suite, Apt. #, etc.		59-3152803	Not Applicable \$8.75 Additional			
22 27					5. Certificate of Status Desired	1 1 7 -	Fee Required		
City & State	0	City & State	City & State		6. Election Campaign Financing	_ \$	5.00 May B	e	
23		28			Trust Fund Contribution		Added to Fees		
Ζφ 24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			32.	
24]	9. Name and Address of C		130		10. Name and Address of New Re				
DYE	, RICK A			81 Name					
SUT	7 LEE ROAD IE 200-EAST TER PARK FL 32789			82 Street Ad	ldress (P.O. Box Number is Not Acceptal	ole)			
				84 City		FL 85	Zip Code		
SIGNATURE	Signature, typind or printed name of regiss:				progration submits this statement for the justion's board of directors. I hereby acce suited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE			
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NAME	DYE, RICK A		1.2 N	AME				[2	
STREET ADDRESS	2277 LEE ROAD, SUITE 2	200-EAST	1.3 \$	FREET ADDRESS				إ	
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NAME DIDICI ADODOSO			62 N	1					
STREET ADDRESS CITY-ST-ZIP			•	TY-ST-ZIP				-	
	by certify that the information su	pplied with this filing does not qua			ed in Section 119.07(3)(i). Florida Statute lat my signature shall have the same legi	s. I further certi	y that the		

tam 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: