

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92000005328 (9)

1. Corporation Name

ESHER CONSTRUCTION CORP.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 AM 11:47

Principal Place of Business

**14965 MEMORIAL HWY
NORTH MIAMI FL 33168**

Mailing Address

**14965 MEMORIAL HWY
NORTH MIAMI FL 33168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/12/1992

3a. Date of Last Report

08/01/1994

4. FEI Number

65-0369290

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FINGAR, MICHAEL J
13899 BISCAYNE BLVD
STE 152
N MIAMI BEACH FL 33181**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when registering.)

(141)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
ESHER, CHARLES B
14965 MEMORIAL HWY
NORTH MIAMI FL 33168**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 this corporation or the owner 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, as on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER ON OBLIGATION

CHARLES B. ESHER

2/19/95

Date

332-6506

Telephone Number