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

Mailing Address

5813 FUNSTON STREET

2a. Mailing Address

HOLLYWOOD FL 33023-1927

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business **5613 FUNSTON STREET**

2. Principal Place of Business

SIGNATURE: (

HOLLYWOOD FL 33023

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 09 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

01/24/1996

3. Date Incorporated or Qualified

03/05/1993

FEI Number
 65-0389315

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018056 (0)

CAMPBELL - STOLLER CONSTRUCTION, INC.

Suite, Apt	#, etc.	h1	Suite, Apt. #, etc			5. Certificate of Status Desired \$8.75 Additional Fee Required			
Crty & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	28			Trust Fund Contribution		Added to	o Fees
Zφ	Country	Zιμ	<u> </u>	Country		8. This corporation has liability for	intangible	tax under s.	199.032,
24	25 29 30				Florida Statutes L Yes L No				
9. Name and Address of Current Registered Agent						10. Name and Address of New R	egistered /	lgent	
	es, linda			81	Name				
5613 FUNSTON STREET					Street Add	ress (P.O. Box Number is Not Accepta	ıble)		
HOLLYWOOD FL 33023						<u> </u>			
				83					
				84	City			85 Zip C	- Odo
				67	City		FL	2ip C	JW6
11. Pursuant to the previsions 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE									
Signification of the production of the gradered agent and title of approaches (NOTE: Begistered Agent signature required when reinstating) DATE On the production of the gradered agent and title of approaches (NOTE: Begistered Agent signature required when reinstating)									
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 12
TITLE	PD DELETE		DELETE	1.1 TITLE				Change	Addition
NAME	O'DONNELL, MICHAEL			1.2 NAME					
STREET ADDRESS	5613 FUNSTON STREET			1 3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33023			1.4 CITY+ ST-ZIP					
TITLE	VD		DELETE :	2 1 TITLE				Change	Addition
NAME	LEVINSON, LARRY			2 2 NAME	[
STREET ADDRESS	5613 FUNSTON STREET			2.3 STREET	ADDRESS				
CHY-ST-ZIF	HOLLYWOOD FL		4 :	2 4 CHY-5	ST-ZIP				
THLE	STD		DELETE :	3 1 TITLE				Change	Addition
NAME	DYKES, LINDA			3 2 NAME					
STREET ADDRESS	5613 FUNSTON STREET			3 3 STREET	ADDRESS				
CITY - ST - 7IP	HOLLYWOOD FL 33023			3.4. CITY - 5	ST-ZIP				
TITLE	DELFTE DELFTE			4 1 TITLE				Change	Addition
NAME				4 2 NAME	i				
STREET ADDRESS				4 3 STREET	ADDRESS				
.CITY-ST-ZiP			1.	4 4 CITY - S	T-ZIP				
TITLE				5 1 TITLE		21		Change	Addition
NAME.			1	5 2 NAME	<u> </u>				II.
STREET ADDRESS				5.3 STREET	ADDRESS				
CHTY-ST-ZIP				5.4 CITY - S					
THEF				6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST ZIP	/ .			6.4 CITY - 8	\sim $^{-}$	V			
	by certify that the information supplies	d with this filing doe				d in Section 119.07(3)(i), Florida Statul	es I furthe	certify that	the
14. 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 import or supplemental infrinal 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 for frustee throowered 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;									