FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:19

DOCUMENT # P93000031947 (3)

1. Corporation Name
CONSTRUCTIVE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3089 SE AMHEARST STREET STUART FL 34997	3089 SE AMHEARST STREET STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 28 FIELDWAY DRIVE	26 28 FIELDWAY DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: STUART, FL	28 City & State: STUART, FL
24 Zip: 34996 25 Country	29 Zip: 34996 30 Country

4. FEI Number: 65-0413509 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES J ESQUIRE
9600 NW 38TH STREET
SUITE 200
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name: GRIMSLEY, CHARLES J. ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable): 1680 BRICKELL AVE.
83
84 City: MIAMI FL 85 Zip Code: 33129

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: (CRAIG KUGLER) DATE: 6/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P.D	☐ Change ☐ Addition
NAME	KUGLER, CRAIG	12 NAME	KUGLER, CRAIG	
STREET ADDRESS	3089 SE AMHEARST ST.	13 STREET ADDRESS	28 FIELDWAY DR	
CITY-ST-ZIP	STUART FL 34997	14 CITY-ST-ZIP	STUART, FL 34996	
TITLE	S	21 TITLE	S.	☐ Change ☐ Addition
NAME	KUGLER, CAROLE	22 NAME	KUGLER, CAROLE	
STREET ADDRESS	3089 SE AMHEARST ST.	23 STREET ADDRESS	28 FIELDWAY DR.	
CITY-ST-ZIP	STUART FL 34997	24 CITY-ST-ZIP	STUART, FL 34995	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 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 if changed, or on an attachment with an address.

SIGNATURE: CRAIG KUGLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 6/14/95
Daytime Phone #: 407-288-6566

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