FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000038276 (0)**

1. Corporation Name
CONE CONSTRUCTORS OF MIAMI, INC.

Principal Place of Business
1393 SW 1ST ST.
SUITE 211
MIAMI FL 33135

Mailing Address
1393 SW 1ST ST.
SUITE 211
MIAMI FL 33135

3. Date Incorporated or Qualified: 05/27/1993
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business
21 701 SW 27th Ave. 10th Fl
Suite, Apt. #, etc.
22
City & State
23 Miami, FL
Zip
24 33135
Country
25 Dade

2a. Mailing Address
26 701 SW 27th Ave., 10th FL
Suite, Apt. #, etc.
27
City & State
28 Miami, FL
Zip
29 33135
Country
30 Dade

4. FEI Number: APPLIED FOR 65-0574742 ☐ 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**

KASPER, STEPHEN D
1393 SW 1ST ST.
SUITE 211
MIAMI FL 33135

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 701 SW 27th Ave.
83
84 City Miami FL 85 Zip Code 33135

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	CONE, MIKE L	
STREET ADDRESS	5102 LONGFELLOW AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	☐ DELETE
NAME	CONE, CHRISTOPHER	
STREET ADDRESS	52 LADOGA AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	S	☐ DELETE
NAME	THOMPSON, DORTHA	
STREET ADDRESS	4104 SANTIAGO ST.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	VP	☐ DELETE
NAME	BUNNELL, GEORGE A	
STREET ADDRESS	1736 NE 142ND NORTH	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VP	☐ DELETE
NAME	KASPER, STEVE	
STREET ADDRESS	8906 BERMUDA LANE	
CITY-ST-ZIP	PORT RICHEY FL 34662	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] Dortha A. Thompson — 04/10/96 — 813/837-2991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #