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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

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DOCUMENT # P93000057020 (8)  1. Corporation Name H.R.C. CONSTRUCTION, INC.  Principal Place of Business  Multing Address									
P.O. BOX 61	99	P.O. BOX	6199						
LAKE WORTI	H FL 33466	LAKE WO	RTH FL 33466			3. Date los prograted or Qualified 08/11/1993	3a. Date of Las 04/2	/ Report	
		r <del></del>				l I	U-1/21	Applied	For
, Principal Plac	e of Business	2a. Mailing Ad	oress			4. FET Number 65-0457241	<u> </u>	Not App	plicable
Suite, Apt. #.	etc.	Sute, Apt.	#, elc	,		5. Certificate of Status Desired		, <b>75</b> Addití ee Require	
		City & Sta	······································			6. Election Campaign Financing	S:	5.00 May	
City & State	<del></del>	28				Trust Fund Contribution		dded to Fe	es
Zip	Country 25	Z <sub>(P)</sub>	30	Country		8. This corporation has liability for in Florida Statutes Yes	□ No		32,
<u> 1</u>	9. Name and Address of Curre			·		10. Name and Address of New Ro	egistered Agent	<u> </u>	
CADID	M. DICHADD			81	Name				
5apir, 1845 P.	M. RICHARD ALM BEACH LAKES BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
SUITE				83					
WEST	PALM BEACH FL 33401			84	City		F4 85	Zip Code	<del></del> -
						oration submits this statement for the purp and of directors. I hereby accept the appo	nose of changing	its register	red offic
12.	signerure typed or printed name of regulation agree OFFICERS An	of and the trappicable	FINATE S	instored Apor	น อเดูกกับแรก คร.ภาย	and until unprinced things	DATE		
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	5904 TIMBER VALLEY DRI		D <b>É</b> 1 FTE	1 1 THLF 12 NAME	LADDRESS	ADDITIONS/CHANGES TO OFF			
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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 early; that I am an officer or director of the corporation or the receiver of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 407-966049