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

SUMMAND Suite April 8, etc. Suite Suite April 8, etc. Suite Su	1. Corporation	MENT # P930 N CONSTRUCTION SER	00063578 VICES, INC.	5 (3)		# 129/4001 (149 1014) # 11/11 0 P/1/ 00/11 00/11	8 8 12 8 8 12 8 1 1 1 1 1 1 1 1 1 1 1 1
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Part	600 FALCON AVE. MIAMI SPRINGS FL 33166		600 FALCON MIAMI SPRIN	600 FALCON AVE. MIAMI SPRINGS FL 33166			
2. Misting Address 2. Misting Address 3. Misting Address 5. Certificate of Status Desired 58.75 Address 5. Certificate of Status Desired 5. Certificate of Status Desired Agent 5. Certificate of Status 5. Certificate of Statu						P I	•
SUMMAND Suite April 8, etc. Suite Suite April 8, etc. Suite Su	2. Principal Place of Business 2a. Maili			lailing Address			Applied For
City & State			26 Same	Same		65-0436541	Not Applicable
City & State City & State Country Zp Country Zp Country State			· · · · · · · · · · · · · · · · · · ·	t i		5. Certificate of Status Desired	\$8.75 Additional
Trust Fund Continution	— 	e				6. Election Campaign Financing	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name CASON, BRADLEY E 600 FALCON AVE. MIAMI SPRINGS FL 33166 12. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its register or registered agent, or both, in the State of Bordes, Such change was sufficiently by the corporation's board of dectors. I hereby accept the appointment as registered agent variety and accept the obligations of, Section 607.0505, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. Name 14. DIV: Struke by good or price name of registered agent agen	23		28	28			Added to Fees
S. Name and Address of Current Registered Agent CASON, BRADLEY E 600 FALCON AVE. MIAMI SPRINGS FL 33166 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 Orty FL 85 Zp 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 agent, or both, in the State of Florida. Such changes was authorized by the corporation submits this statement for the purpose of changing its registered very registered agent, or both, in the State of Florida. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of Section 607,0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered very registered agent, or both, in the State of Florida. Such changes with a submitted agent and the registered Agent agreement with a great and were remaining. 12. OFFICERS AND DIRECTORS 13. INTEREST. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIREET ADDRESS 13. SIREET ADDRESS 14. STATE ADDRESS 14. STATE ADDRESS 15. S		<u>├</u> ``┐		·			
CASON, BRADLEY E 600 FALCON AVE. MIAMI SPRINGS FL 33166 B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4	24						
B3 B4 City FL B5 Zip Code		S. Hallo die Platfold of Ou	Trem registered Agent		1 Name	10. Name and Address of New Regist	tered Agent
B3 B4 City FL B5 Zip Code	CASON	. Bradley e			2 Street Add	race (P.O. Boy Number is Not Accordable)	
## City						ess (i.e. box normal situation)	
## Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its register corregistered 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 further appointment as registered agent agent with, and accept the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### Size of the obligations of, Section 607.0505, Florida Statutes. ### DATE	MIAMI SPRINGS FL 33166			8	3		
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 register 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 translativith, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SURVATURE SURVAT				8	4 City		85 Zip Code
THE	or register familiar wi	red agent, or both, in the State of the and accept the obligations of the obligations of the control of the con	Fiorida. Such change was Section 607,0505, Florida	authorized by the co Statutes.	rporation's boa	rd of directors. I hereby accept the appointme	ent as registered agent. I am
NAME CASON, BRAD 12 NAME 13 STREET ADDRESS 600 FALCON AVE. 13 STREET ADDRESS 14 DOTY-ST-ZIP MIAMI SPRINGS FL 33 166 14 DOTY-ST-ZIP 11 TLE		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS	
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STREET ADDRESS 63 STREET ADDRESS	STREET ADDRESS			63 STRE	ET ADDRESS		
CITY-S1-ZIP 64 CITY-S1-ZIP 64 CITY-S1-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 full formation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I full formation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k).				64 CITY	-ST-ZIP		

oath; that I am an officer or director of the corporation of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-86 305-884-1852.
Date Dayline Prove 1