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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State

FILED Apr 21 1997 8:00am Secretary of State

| • | 1997 | | 7 | DIVISION OF | CORPORATION | ONS | | | | | | |
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| | MENT # CONSTRUCTION | P93000(DN, INC. |)69 | 026 (1) | | | | | | | | |
| | | | | | | | - 1 | | | | | |
| Principal Place | e of Business | | Mailir | ng Address | | | | 1 3601300 1 310 | AND MAIN AND AND A | 11H 01 H9 1 H | | 6 (III) 1861 |
| 6250 N. ANDR | | | Į. | | | | | | | | | |
| SUITE 103 FT. LAUDERDA | ALE FL 33309 | | | e 103 Auderdale fl 3330 | 9-2184 | | | | | | | |
| US | | | U\$ | U\$ | | | | 3. Date Incorp 09/29/19 | orated or Qualified | | Date of Last R 1/25/1996 | eport |
| | lace of Business | Ha | 2a. M | ailing Address | | | | 4. FEI Number | | _ 1 | | plied For |
| | | m way | | 768 NW. | 30 TH W | Jey_ | | 65-0441 | 1978 | | | t Applicable |
| Suite Apt. | #, elC | | 27 | tite, Apt. #, etc. | | | | 5. Certificate o | 1 Status Desired | | \$8.75 / Fee Re | |
| Çity & Stati | C | | C | ty & State | | | | 6. Election Car | npaign Financing | | \$5.00 | <u> </u> |
| | lerdele Li | | | zuderdzl | | | · | Trust Fund (| | | Added | |
| ^Z 333 | . | ountry USA | Z | 33311 | Country | USA | | | ation has liability fo | | | 199.032, |
| 24 23 | O Name and 4 | ddress of Current F | 11 | | 30 1 | U SA | | Florida Stati | ites Address of New R | | No | |
| 17. U | ICANOW, GREG | | 10 9.010 | | 81 | Name | | 10. | | | | |
| The state of the s | | | | | | | | s (P.O. Boy Num | ber is Not Accept | hlel | | |
| SUITE 108 | | | | | | | 28 | NW 3 | JEW WEL | 1 | | |
| FT. | LAUDERDALE F | L 33309 | | | 63 | S | | | - | , | | |
| | | | | | 84 | lleu | de | rdele La | ekes | FI | 85 Zip | Code 3311 |
| 11. Pursuant | to the provisions of | Sections 607.0502 a both, in the State of accept the obligation | and 607. | 1508, Florida Statu | les, the above | e-named c | corpor | ation submits thi | s statement for the | purpose | of changing it | s registered |
| agent I a | m familiar with, and | d accept the obligation | ons gl, S | ection 607.0505, FI | orida Statute | у тна сопр \$. | OIAUO | n s poatg of direc | ctors. Therapy acc | api ine ap | poiniment as | registered |
| SIGNATURE | (| | 1 | 1/2 | ححب | <u>ပ</u> | | | ······································ | | | |
| 12. | Signal der typed of pence | OFFICE IS AND | | | E: Registered Age | ent signature i | equired | | HANGES TO OFF | DATE ICERS AN | D DIRECTOR | \$ IN 12 |
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| CITY - ST - ZIP | | | | | 6.4 CITY-S | | | | | | | |
| 14. I do heret | by certify that the in | nformation supplied vannual report or sup | with this | filing does not qual | ify for the exe | emption sta | ated in | n Section 119.07 | (3)(i), Florida Statu | tes. I furth | er certify that | the |
| Lam an o | flicer or director of | the corporation or the the corporation or the thickness of the corporation or the corporation or o | ié receiv | er or trustee empor | vered to exec | cute this re | aport a | as required by Cl | hapter 607, Florida | Statutes; | and that my r | name |