## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000082094 (2)

CONSTRUCTION TEAM MANAGEMENT, INC.

Principal Place of Business 8584 WOODBRIAR DR 8ARASOTA FL 34238		Mailing Address 8584 WOODBRIAR DR SARASOTA FL 34238			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/22/1993	
2. Principal Pla	ice of Business	2a. Mailing Addre	SS		4. FEI Number	Applied For
21		26			65-0449304	Not Applicable
Suite, Apt #, etc		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		ountry	8. This corporation owes or has paid the curre	
24	25 S. Name and Address of Curr	[29]	30		Personal Property Tax due June 30. L.  10. Name and Address of New Registered As	Yes No
office or re- agent 1 am SIGNATURE	the provisions of Sections 607.0 gistered agent, or both, in the Sta familiar with, and accept the obligative typed or protect new of registered a	te of Florida. Such chang igations of, Section 607.0	ge was authori: 1505, Florida S	red by the corp latutes.	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appointment when renslating)  DATE	85 Zip Code thanging its registered ntment as registered
12,	···	NO DIRECTORS	13	<u>v</u> <u>·</u>	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	D	DEL		TITLE		Change Addition
NAME	FAST, BRUCE		1.2	NAME		
STREET ADDRESS	8584 WOODBRIAR DR		1.3	STREET ADDRESS	•	
CITY - ST - ZIP	SARASOTA FL 34238		1.4	CITY-ST-ZIP		
TITLE	D	□ DEI	€1E 2.1	TITLE		Change Addition
NAME	FAST, SUSAN		2.2	NAME		
STREET ADDRESS	8584 WOODBRIAR DR		2.3	STREET ADDRESS		
CITY-SI-ZIP	SARASOTA FL 34238			CITY-ST-ZIP		
TITLE		☐ DEL	ETE 31	TITLE		Change Addition
NAME			3 2	NAME		
STREET ADDRESS			3.3	STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplienental arrival 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 only in attachment with an address

3 4. CITY-ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS 5 4 City-ST-Zip

6 3 STREET ADDRESS

4.4 CITY - ST-ZIP

4.1 TITLE

4 2 NAME

5.1 TITLE

52 NAME

6 1 1ITLE

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

So Cotast

4/23/98 941 922.892

Change

Change

Change

Addition

Addition

**FILED** 

Apr 30 1998 8:00am

Secretary of State