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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORATIONS				
DOCUN 1. Corporation	MENT # P9400	0002559 (0)				
P.B.A.	CONSTRUCTION FUND, IN	IC.					
						£ \$188)	
					 	<u> </u>	
Principal Place		Mailing Address					
2650 W STATE RD 84 FORT LAUDERDALE FL 33312		2650 W STATE RD 84 FORT LAUDERDALE FL 33312					
US	INDALE PE 99912	US	£ 0001£		1.5		
				3. Date Incorporated or Qualified 01/11/1994		of Last Report /26/1995	
2. Principal Pla	no of Business	2a. Mailing Address		4. FET Number	l • !	Applied For	
21	os of Business	26		APPLIED FOR		Not Applicab	ole
Suite, Apt. #	f, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired		\$8.75 Additional	
22		27				Fee Required	_
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has kability for	intannihle tax	Added to Fees	
24	25	29	30	Florida Statutes Yes		(11(6) 6 100.002)	
	9. Name and Address of Current	<u></u>		10. Name and Address of New I	Registered A	gent	
			81 Name				
FILINGS			82 Street Add	ress (P.O. Box Number is Not Acceptat	ile)		
	W. 16TH STREET		83				_
FORT	AUDERDALE FL 33311		83				
-			84 City		E۱	85 Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above named corpo	ration submits this statement for the pu	rpose of chan	ging its registered off	fice
nor registere	ed agent, or both, in the State of Floric h, and accept the obligations of, Section	da. Such change was authorizion 607 0505. Florida Statutes	ed by the corporation's boa	ration submits this statement for the pured of directors. Thereby accept the app	óintment as re	ögistered agent. Lam	1
SIGNATURE	The area accept the designations on decem-						
	Signature, typed or printed name of registered agent		TE: Registered Agent signature record		DATÉ		<u></u>
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12 Change	CR2E034 (12/95)
TITLE NAME	BRICKMAN, RICHARD	□ officie	1.2 NAME		L	O lange [] Havinon	. 4
STREET ADDRESS	2650 W STATE RD 84		1.3 STREET ADDRESS				[33
CITY-ST-ZIP	FORT LAUDERDALE FL 3331	2	1.4 CHY+ST+ZIP				R21
TITLE	D	DELETE	2 1 TITLE			Change	,n O
NAME	HANRAHAN, PATRICK		2.2 NAME				
STREET ADDRESS	2650 W STATE RD 84	·=	2.3 STREET ADDRESS				
CITY - ST - ZIP	FORT LAUDERDALE FL 3331		2 4 CITY - ST - ZIP			Change	
TITLE	COVET, GEORGE	☐ DELETE	3 1 TITLE 32 NAME			briange [_] Addition	"
NAME STREET ADDRESS	2650 W STATE RD 84		3.3. STREET ADDRESS				
City-St-ZiP	FORT LAUDERDALE FL 3331	12	3.4 CHY - ST - ZIP	40000179	TESTECT OF	<u> </u>	
TIFLE		DELETE	4 1 TITLE	4 00001 74 03/28/36 - 018	114 700	Change 🔲 Addition	'n
NAME			4.2 NAME	***230,00		-	
STREET ADDRESS			4.3 STHEET ADDRESS				
CITY-ST-ZIP		FT DE ETC	4.4 CITY - ST - ZIP			Deans D Marie	
TITLE		DELETE	5 1 TITLE		L	Change Addition	AT
NAME CAREEL ADDRESS			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS 5 4 CHY - ST- ZIP				2
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE		·	Change Additio	n 12
NAME		-	6.2 NAME		_	-	-
STREET ADDRESS			6.3 STREET ADDRESS				r
CITY - S1 - ZIP			6 4 City-St-ZiP				!∱
14. I do hereb	the information indicated of this know	ial report or supplemental ann	iual report is true and accur.	for the exemption stated in Section 119 ate and that my signature shall have the	r same legal e	ittect as it made unde	
oath; that	I am an officer or director of the forpo	ration or the receiver or truste on an attachment with an add	e empowered to execute th	is report as required by Chapter 607, F	lorida Statute	s; and that my name	37,
αρροαίδ ΙΙΙ	Libert 12 (Stock of Carry)	S. C. DUGGERION WILL GIT BUG	. ***	, ,			. [

SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/19/96 954.554.7600