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

1. Corporation	MENI# P940 Name NACLE BUILDING & DESIGI		03025 (.1)							
Principal Place	of Business	Ma	ailing Address					E HOOFFIDOR EIN HEIDT BERTH GOFFIT D			
10704 WILES ROAD CORAL SPRINGS FL 33076 US			10704 WILES RD CORAL SPRINGS FL 33076 US								
							3	Date Incorporated or Qualified 01/12/1994	3a. Date of 03	Last R 1/17/1	
2. Principal Pl	ace of Business	2a. 26	Mailing Address				4	FEI Number 65-0461014			Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired	×	\$8.75	Additional Required
City & State)		City & State				6.	Election Campaign Financing		\$5.0	0 May Be
Zıp	Country	28	Zip	├ ──`	untry	,	8.	Trust Fund Contribution This corporation has liability for	intangible tax u		d to Fees 199.032,
24	25	[29]		30	·			Florida Statutes Yes			
	9. Name and Address of Curre	nt negis	erea Agent	 	81	Name		Name and Address of New F	legistered Ag	ent	
AVITABLE, JOHN M 5862 NW 48TH CT CORAL SPRINGS FL 33067					82		et Address (P.O. Box Number is Not Acceptable)				
					84	City			FL	85 Zıç	Code
or register	o the provisions of Sections 607.050, ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	iua. Sucri	change was aumoni	zea by the	ove-r corp	named c oration's	corporation s is board of o	submits this statement for the pul irectors. I hereby accept the app		ing its registered	egistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agor	t and the if a	pplicable. (N	OTE: Registere	d Agen	nt signature	n nequired when s	einstaling)	DATE		***************************************
1 12.	OFFICERS AN	ID DIREC		13.				ADDITIONS/CHANGES TO OFF		RECTO	RS IN 12
TITLE	PTD		☐ DELETE	1, 1 1	1. 1 TITLE		PD		X	Change	☐ Addition
NAME 🛶	AVITABLE, JOHN M			1.2 N	AME		AVIT	ABLE, JOHN M.	•		
STREET ADDRESS	5862 NW 48TH CT			1.3 S	TREET	ADDRESS	5867	ABLE, JOHN MY. LNW YBTH COURT AL SPAINCS, FY	•		
CITY-ST-ZIP	CORAL SPRINGS FL 3306	7		1.4 0	ITY-S	T - 21P	CORA	1 SPAINGS, FT	38667		
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NAME	PREZZEMOLO, MARK			2 2 N	AME		İ				
STREET ADDRESS	2000 OAKMONT TER			238	TREET	ADDRESS	:	,			ı
City-St-ZIP	CORAL SPRINGS FL 3307	1			ITY - S	T-ZIP		•			
TITLE			DELETE	3 1 7	TITLE		TD			Chan g e	Addition
NAME				32 N			AULTA	ble, Leon M / wiles Road			
STREET ADDRESS				33 8	STREET	ADDRESS	10700	y wiles Kond			
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HILL MARKE			☐ DELETE	4.11			1	•		Change	☐ Addition
NAME				4.2 N							
STREET ADDRESS						address					
CITY-ST-ZIP TITLE			Претете		TY-S	T - ZIP	 	-50000180	1167	5 —	P 4100
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NAME Career Appended				5.2 N				***200.00	•		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE		ITY - ST	T-ZIP	 			· · · ·	
NAME			□ Access	6.11				80000180 -04/30/96010)16 ^{누)}	лапое В	Addition
				62 N		4000000		-04/30/96010	97004	-/-	4)~(
STREET ADDRESS				■ 63 S	IHEET.	ADDRESS	1	4.4.4.0 DC	- T 1		N 11

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. Number 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 oath; that I am an officer or director of the conforation 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 13/1 changes, or on an atfactment with an address.

64 CITY-ST-ZIP

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 (954)34/-3737

***8.75