## 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

DOCUMENT # P94000011340 (4)

1. Corporation Name

R & T CONSTRUCTION ASSOCIATES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
27933 MICHIGAN STREET BONITA SPRINGS FL 33923-4690 US	9720 PINES BLVD PEMBROKE PINES FL 33024-6228



	ionita springs fl 33923-4680 Is	PEMBROKE PINES FL 33024-6228 US												
								3.	Date Incorporated or Qualified 02/10/1994	3a. Dat	e of Last <b>05/31</b>			
2. Pr 21	2. Principal Place of Business 2a. Mailing Address						-	4. FEI Number			<u> </u>	Applied For		
+	uite, Apt. #, etc.	26						<u> </u>	65-0518219			Not Applicable		
22	27								Certificate of Status Desired			75 Additional e Required		
23 Zı		28	ity & State					<u>L.</u>	Election Campaign Financing Trust Fund Contribution		Add	.00 May Be ded to Fees		
24	Country 25	29	Þ		ountry			8.	This corporation has liability for i		ax under	s 199.032,		
	9. Name and Address of Current		ed Agent	30	T			J	Florida Statutes Yes					
					81 Name				10. Name and Address of New Registered Agent					
•	PAUL, RONALD													
27933 MICHIGAN STREET					82	Sti	eet Addre	Address (P.O. Box Number is Not Acceptable)						
1	SUITE 301				83						·			
	BONITA SPRINGS FL 33923													
					B4	Cit	-			FI	1 1	Zip Code		
1). P	ursuant to the provisions of Sections 607.0502 a r registered agent, or both, in the State of Florida	and 607.19	508, Florida Statuto	s, the ab	ove u	arne	d corpora	tion s	abmits this statement for the purp		nging its	s registered office		
fa	r registered agent, or both, in the State of Florida amiliar with, and accept the obligations of, Section	n 607.050	ange was aumonze 5, Florida Statutes	ea by the	corpo	oratio	on's board	J of dir	rectors. I hereby accept the appo	intment as	registere	ed agent. I am		
SIGNA	ATURE													
12.	Signature hydrot or protect name of registratic agent as OFFICE'RS AND I				d Agov I	Sejik	Sare résignaect :			DATE				
TITLE	PTSD	DITE OTO	DELETE	13.	Titi c		<del></del> -		ADDITIONS/CHANGES TO OFFIC					
NAME					1. 1 TITLE 1.2 NAME					L	Change	Addition		
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NAME				221						L.	] Glialiye	☐ Addition		
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STREET A	(DORESS			33.5	'ABBIL	ADDRI	SS					ļ		
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STREELA				435	THEET A	DDRE	ss							
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	IAME Direct Address				5.2 NAME				-04/12/960102	802	7	1		
CITY-ST-					HEET A		ss		***200.00					
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NAME			T) Dere if	6 1 1.			ĺ				] Change	Add tion		
STREET A	DDRESS			62 N								,		
CITY-ST-ZIP					6.3 STREET ADDRESS			4-11-96 JR						
	o hereby certify that the information supplied with	this filing	is voluntarily furnis	64 Ci	IY-SI-	ŽIP not s	nualify for	line eu	The second secon					

certify that the information indicated on this annual report or supplemental annual report or trustee empowered to execute this report as required by Chapter 607. Florida Statutes. I further cath, 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/1/20/96 (Jete

813-495-6397