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

P94000018386 (0) DOCUMENT #

1. Corporation Name

CONTRACTOR ENTERPRISES, INC.								
Principal Place of Business	Mailing Address							
217 N. WESTMONTE DR.	217 N. WESTMONTE DR. STE 3033							



Principal Place of Business Mailing Address 217 N. WESTMONTE DR.					f 1001/100; sta 101ft 610ft 80th datu antil early usen (dice trust laive state state)						
217 N. WESTMONTE DR. STE 3033 ALTAMONTE SPRINGS FL 32714 US			STE 3033 ALTAMONTE SPRINGS FL 32714 US			3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995					
2. Principal Place	of Business	2a	, Mailing Address				4. FEI Number 59-3233524			Applied For Not Applicable	
Suite, Apt. #, etc. City & State		26	26			······································	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
		27					6. Flection Campaign Financing	\$5.00 May Be			
							1 rust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,				
		28									
Zip	25	29	·	30			Florida Statutes Yes 10. Name and Address of New F		d Agent		
BECKMA 217 N. V STE 303	9. Name and Address of Curre N, LINDA H VESTMONT DR. 3				81 82 83	Name Street Addr	NDA H. BECKI ess (P.O. Box Number is Not Acceptat	HAM (e))	7- Codo	
ALTAMO	INTE SPRINGS FL 32714				84	1	ration submits this statement for the pured of directors. I hereby accept the app	F		Zip Code	
SIGNATURE 12.	gnature, typed or portled numerical registered as OFFICERS A	ND DIR		13.		of a goals or require	ADDITIONS/CHANGES TO OF	FICERS A	AND DIREC Chang	1ORS IN 12 e Additio	
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AME	BECKHAM, HARRY F JR				NAME						
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemptor and that my signature shall have the same legal effect as if made under 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 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 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 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 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 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 supplemental annual report or true the information indicated on this annual report or true the information indicated on this annual report or true the information indicated on this annual report or true the information indicated on this annual report or true the information indicated on this annual report or true the information indicated on the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/ac 407-867-9704