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

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## Principal Place of Business Mailing Address 3920 MANGROVE PLACE 3920 MANGROVE PLACE **GRANT FL** GRANT FL

## **FILED** May 04 1998 8:00am Secretary of State

1998 DOCUMENT # P94000024833 (3) C.A. SISU CONTRACTING, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3230144 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired г Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Country This corporation owes or has paid the current year Intangible X Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SILAS, DARLENE M 3920 MANGROVE PLACE 82 Street Address (P.O. Box Number is Not Acceptable) **GRANT FL** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATUR 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SILAS, DARLENE M NAME 1.2 NAME 3920 MANGROVE PLACE STREET ADDRESS 1.3 STREET ADDRESS **GRANT FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME SILAS, GARY 2.2 NAME 3920 MANGROVE PLACE STREET ADDRESS 2.3 STREET ADDRESS **GRANT FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 City - St - 7tP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby 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 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 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 or Changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97