SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000027112	(9)
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FLORIDA CONTROL CONTRACTORS, INC.

Principal Place of Business Mailing Address		A TREATEDRA THE IDIAL BADAY MONTH ORDER ORDER AND HEALTH FIRM HAND HAND HAND HAND HAND							
12028 ROTUMA ST ORLANDO FL 32837		12028 ROTUMA ST ORLANDO FL 32837							
				3. Date Incorporated or Qualified					
2. Principal F	Place of Business	2a. Mailing Address 26				4. FEI Number 59-3244520			Applied For Not Applicat
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	30	ountry		8. This corporation has liability for in Florida Statutes	yes	tax unde No	ers 199 032,
24]	25 9. Name and Address of Curr	29 ent Registered Agent	30	Т		10. Name and Address of New Reg		-	
		ent riegistered Agent		81 1	Name	To. Harrie and Address of New York		190111	
	CGUIRE, TERRENCE J								
	5 S ORANGE AVE TE 1301			82	Street Addr	ress (P.O. Box Number is Not Acceptable	e)		
	RLANDO FL 32801			83					
				84 (City		FL	85	7ip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508. Florida Statu	ites the a	ibove na	amed corp	oration submits this statement for the pu		r IIIII chang ng	its registered
office or i	registered agent, or both, in the Statam familiar with, and accept the ob-	te of Florida. Such change was:	authorize	ed by the	e corporation	on's board of directors. Thereby accept	the appo	intment a	is registered
SIGNATURE							DATE		
12.	Signature ity be 1 or printed name of registered a OFFICERS A	AND DIRECTORS	13 Hayster		gnatur requir	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	P	DELETE		TITLE	T			Chan	
NAME	DIPPLE, MICHAEL P	- Land	12.	NAMÉ					
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NAME				NAME OTOGET AD	ont or				
STREET ADDRESS				STREET AD					
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14. I do hereby certify that the information supplied with this filing is voluntarily for itself and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Blogs 12 or Blogs 13 if or langed, or on an attachment with an address. SIGNATURE: / July / House 7/12/96
SIGNATURE: SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR