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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MICHAEL	, G CONST INC.	•							
Principal Place		Mailing Address P.O. BOX 5091	•				iri militi i i i i i i	1841 (811) (1141)	14(0) (0) 5
1503 MOSELLE AVE. P.O. BOX 5091 ORLANDO FL 32807 WINTER PARK FL 32793-5091									
						3. Date Incorporated or Qualified 06/13/1994		te of Last Re 27/1996	eport
~1	ace of Business	2a. Mailing Address			····	4. FEI Number		Ap	plied For
Suite, Apt	#. etc	26				59-3255929		\$8.75 A	t Applicable
22	1 4.2	27				5. Certificate of Status Desired		Fee Re	
City & State)	City & State				6. Election Campaign Financing	<u></u>	\$5.00	
23] Zipi	Country	28 Zip	Coun	trv		Trust Fund Contribution 8. This corporation has liability for	Lateralista	Added t	
24	25)—, l	30	,			Yes [199.032,
	9. Name and Address of Currer	nt Registered Agent		II N		10. Name and Address of New R	egistered /	gent	
GAMBRELL, MICHAEL W					ame				
1503 MOSELLE AVE.				2 S	reet Addre	ss (P.O. Box Number is Not Acceptable)			
ORL	NDO FL 32807		}_	13		· · · · · · · · · · · · · · · · · · ·			
			ľ	14 C	ity		FL	85 Zip (Code
office or re agent 1 ar	o the provisions of Sections 607,050 egistered agent or both, in the State in familiar with, and accept the oblig	12 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the abo juthorized vrida Statu	by the tes.	med corpo corporation	oration submits this statement for the on's board of directors. I hereby according to the control of the contro	purpose of opt the appo	changing its pintment as	s registered registered
SIGNATURE	Signature Typed or printed name of registered age	ent and title if applicable. (NOYE	Registered /	agent sig	nature require	d when reinstating)	DATE		,
12.	,	D DIRECTORS	13.		·—·	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 12
THE	PVST	☐ DELETE	1,1 1111		i			Change	Addition
NAME STREET ADDRESS	GAMBRELL, MICHAEL W		1.2 NAM		2500				
STREET ADDRESS CHTY-ST-ZIP	1503 MOSELLE AVENUE ORLANDO FL 32807		1.3 STRI 1.4 CITY		1				
TIFLE	VIIIVIIIV I E VEVVI	DELETÉ	21 TITL				···· ·	Change	Addition
NAME			2.2 NAM	IE					
STREET ADDRESS			2.3 STRI	EET ADO	RESS	, se	f		
CITY - ST - ZIP		Destre	2. 4 CIT		P			TT 65	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE		☐ DELETE	31 1176					Change	Addition
NAME STREET ADDRESS			3.2 NAM 3.3 STRI		DESC.				
City - SI - ZiP			3.3.51m						
TILE	**************************************	☐ DELETE	4.1 TITU					Change	Addition
NAME			4. 2 NAM	ИE	- 1				
STREET ADDRESS			4.3 STRI	eet add	RESS				
C(TY-ST-ZIP		I Britte	4.4 CITY					Channe	A 22151
THE		DELETE	5.1 TITL:					Change	Addition
STREET ADDRESS			52 NAM 53 STRE		RFSS				
CITY - ST - 74P			5.4 CITY		1				
THILE		☐ DELETE	6.1 TITL					Change	Addition
NAME		*	6.2 NAM	lE.	}				
STREET ADDRESS			6.3 STRI	EET ADD	RESS				
CITY-ST-7P			6.4 CITY						
informatio Lam an of	n indicated on this annual report or s	supplemental annual report is tr the receiver or trustee empow	ue and ac ered to ex	curat	e and that	in Section 119.07(3)(i), Florida Statut my signature shall have the same leg as required by Chapter 607, Florida	al effect as	If made und	der bath; tha

SIGNATURE:

FILED

Apr 28 1997 8:00am

Secretary of State