## 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

## DOCUMENT # P94000058145 (1)

STRAIT-LINE CONSTRUCTION OF SO. FLORIDA, INC.

Principal Place of Business Mailing Address 4352 NW 73RD WAY 8222 WILES ROAD STE. 276 GORAL SPRINGS FL 33065 CORAL SPRINGS FL 33067-							
					<ol> <li>Date Incorporated or Qualified 08/05/1994</li> </ol>	3a. Date of Last F 05/01/1996	Report
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21 Suita Ant	# Ote	26 Suite, Apt. #, etc.			65-0514472	60.75	ot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	7	ednjieg ednjieg
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23 Zip	Country	28     Zip	Country	,	Trust Fund Contribution  8. This corporation has liability for in		to Fees
24	25		30			Yes No	i. 190.002,
	g. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New Re	gistered Agent	
STA	INTON, RONALD D		81	Name			
	NW 73RD WAY		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
COF	RAL SPRINGS FL 33065		83	ļ			
			84	City		FL 85 Zip	Code
agent la SIGNATURE 12.	Signature, typed or priored name of registered a				poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	P	DELETE	1.1 7UTLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	STAINTON, RONALD D		1.2 NAME	1			
STREET ADDRESS	4352 NW 73 WAY		1.3 STREE	T ADDRESS			
CITY - ST-ZIP	CORAL SPRINGS FL		1.4 CITY-	ST-ZIP			
TIPLE	ST STANTON OFFICE A	☐ DELETE	2.1 TITLE			☐ Change	L. ■ Addition
NAME STREET ADDRESS	STAINTON, DEBRA M 4352 NW 73 WAY		2.2 NAME	ADDRESS			
CHY-ST-2IF	CORAL SPRINGS FL		2.4 CITY-	ĺ	,		
DILE	COLUMN CHARACTE	DELETE	3.1 TITLE	-		☐ Change	Addition
NAME			3.2 NAME	}			
STREET ADDRESS			3.3 STREE	r address			
CHTY - ST - ZIP		Theory	3.4, CITY-	ST-ZIP			<b>1 3</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11TLE		☐ DELETE	4.1 71TLE			L. Change	Addition
NAME officer annoces			4, 2 NAME	<u> </u>			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-	T ADDRESS			
TITLE		DELETE	5.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			5.2 NAME			-	
STREET ADORESS			5.3 STREE	ADDRESS			
CHY-S1-ZIP			5.4 CITY-	ST-ZIP			
TATLE		L) DELETE	6.1 TITLE	ļ		☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			1	ADDRESS			
· C(1Y+S1-ZIF	Leading that the information and	lied with this filing does not qualify	6.4 CITY-		d in Section 119.07(3)(i), Florida Statute	Lifurther certify that	the

information indicated on this angual 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 constraint on the project of trustife emporared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or in a frittach per with an appears in Block 12 or Block 13 in changed, or in a frittach per with an appears in Block 12 or Block 13 in changed, or in a frittach per with an appears.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-16-97 95Y-345-5682

**FILED** 

Apr 23 1997 8:00am

Secretary of State

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