FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT 1996 DIVISION OF CORPORATIONS

1. Corporation	NENT# P9400 NDE CONSTRUCTION, INC.	JUU6 198U	(6)		Oli (Bori Odia dise i seri abili seri deli	
Principal Place	of Duninger	b dalling Addition				
Principal Place of Business 4027 RUDDER WAY NEW PORT RICHEY FL 34652		Mailing Address 4027 RUDDER WAY NEW PORT RICHEY FL 34652				
				3. Date Incorporated or Qualified 08/18/1994	3a. Date of Last Report 03/14/1995	
1	ace of Business	2a. Mailing Addres	S	4. FEI Number	Applied For	
21 Cuita Ant	W. A.A.	26		59-3261421	Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required	
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes		
	Name and Address of Currer	t Registered Agent		10. Name and Address of New F	Registered Agent	
10.44			81 Name			
	OU, EUGENE		82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
4027 RUDDER WAY NEW PORT RICHEY FL 34652			83			
IAEAA L	ONT RIGHET FE 34032		03			
			84 Crty		85 Zip Code	
SIGNATURE _	n, and accept the obligations of, Sect Signature syned or pirited reme of registered agent	ion 607.0505, Florida Sta	Nutes. (901: Registeren Agent skjelik kensspo		DATE	
12. TILE	OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	
NAME	IOANNOU, COSTAS		1 1 THILE		Change Addition	
STREET ADDRESS	4027 RUDDER WAY		1.3 STREET ADDRESS			
CiTy - ST - ZiP	MENU BARR BIOLIEU EL ALA		1.4 CHTY - ST - ZIP			
TITLE	D	DELETE			Change Addition	
NAME	Ioannou, Eugenia		2.2 NAME			
STREET ADDRESS 4027 RUDDER WAY			2.3 STREET ADDRESS			
CITY - S1 - 7IP	NEW PORT RICHEY FL 346	52	2 4 CHY-S1-7IP			
TIFLE	D	☐ DELETE	3. 1 TITLE		Change Addition	
NAME	PFLIEGER, ED		3 2 NAMÉ			
STREET ADDRESS	10680 LAKE VIEW DR	P 4	3.3 STREET ADOPESS			
CHY-SI-ZIP	NEW PORT RICHEY FL 346		3 4 C(1) Y · S1 - Z(I			
TITLE		☐ DELETE			Change	
NAME STREET ADDRESS			4.2 NAME			
STREET ADDRESS CITY: ST-ZIP			4.3 STREET ADDRESS			
TITLE	And the second section is a second se	DELETE	4.4 GTY-ST-7IP 5.1 THUE		Change Addition	
NAME		Lister	52 NAME		Change D Mac (1011	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TILE		☐ DELETE	6 1 THE	·	Change Addition	
NAME			6 2 NAME		<u> </u>	
STREET ADDRESS			6.2.630:11.40.2004.5			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR

(EUGENIA IDANNOU) 3/28/96

813-848-4218