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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P94000072805 (2)

RESIDENTIAL CONSTRUCTION, INC.

Principal Piace of Business Mailing Address 19611 BELMONT DRIVE P O BOX 971248 MIAMI FL 33157 MIAMI FL 33197-1248 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1994 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0527104 26 Not Applicable Suite, Apt. #, etc Suite. Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 🖬 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RAGUSA, RAYMOND C 19611 BELMONT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 City 85 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 or 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Stgr ature, typical or portion name of registered agent and title. Lapplicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THILE 11 TITLE Change Addition RAGUSA, RAYMOND C NAME 1.2 NAME 19611 BELMONT DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-7IP 1.4 CITY - ST- ZIP DELETE THILE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 City-St-ZiP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 51 TITLE Change NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-Z-P 5 4 CITY-ST-ZIP DELETE TOTLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS COTY - ST - ZIP 6 4 CITY - ST - ZIP

14. I do 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 copyogation or the report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

appears in Block 12 or Block 13

Y Vary / Vary RAG WA RAG WA SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

attachment with an address

1-4-9

305-232-1602

FILED

Jan 14 1997 8:00am

Secretary of State

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R2E034 (9/96)