

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000078874 (2)

1. Corporation Name

SPECIALTY CONSTRUCTION SERVICES, INC.



Principal Place of Business

Mailing Address

9040 BELVDERE ROAD  
WEST PALM BEACH FL 33411

9040 BELVDERE ROAD  
WEST PALM BEACH FL 33411

3. Date Incorporated or Qualified  
10/26/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number  
65-0530330

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, GERALD A  
9040 BELVDERE ROAD  
WEST PALM BEACH FL 33411

81 Name  
Yon, Roberto  
82 Street Address (P.O. Box Number is Not Acceptable)  
9040 Belvedere Rd.  
83 Suite 103  
84 City  
West Palm Beach, FL 85 Zip Code  
33411

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	YON, ROBERTO	
STREET ADDRESS	9040 BELVDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PURINO, ALBERT T	
STREET ADDRESS	9040 BELVDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POMA, FRANK	
STREET ADDRESS	9040 BELVDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yon, Roberto	
1.3 STREET ADDRESS	9040 Belvedere Rd	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Purino, Albert T	
2.3 STREET ADDRESS	9040 Belvedere Rd	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Yon, Marie	
3.3 STREET ADDRESS	9040 Belvedere Rd.	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001836188	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/23/96--01013--007	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)