## 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 # P94000078874 (2)

SPECIALTY CONSTRUCTION SERVICES, INC.

## **FILED** Jan 24 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address	-			i (\$6):501 (12 set): aid): 2010 doin Mhui 521: 1860: 1840 (1840) 2461 1841			
9040 BELVDER West Palm B	ie Road Each Fl 33411	9040 BELVDERE RO WEST PALM BEAC		6					
			,		;	3. Date Incorporated or Qualified 10/26/1994		of Last Re 1/1996	eport
2. Principal P	lace of Business	2a. Mailing Addres	s	·		4. FEI Number		Ap	plied For
21		26				65-0530330		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, e	tc.		4	5. Certificate of Status Desired		\$8.75 A	
City & State	n	City & State				6. Election Campaign Financing	<del></del>	\$5.00	·
23		28			'	Trust Fund Contribution	П	Added t	
Zip	Country	Zip	Coi	untry		8. This corporation has liability for	intannible ta		
24	25	29	30	•			Yes 🔲		100,002,
	9. Name and Address of Curre	nt Registered Agent		T	1	0. Name and Address of New Re	gistered A	jent	
YON	N. ROBERTO			81 Nar	ne				
	O BELVDERE ROAD			<b>82</b> Stre	at Addessa	/D.O. Boy Number is Not Assental	101		
	TE 103			OK Stre	set Address	(P.O. Box Number is Not Acceptate	леј		
	ST PALM BEACH FL 33411			83					
				84 City	/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>j</b> = 1	<b>85</b> Zip (	Code
							FL		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblic	e of Florida. Such change	e was authorize	ed by the o	ned corporation's	tion submits this statement for the p s board of directors, I hereby accep	ourpose of control	nanging it ntment as	s registered registered
SIGNATURE									
10	Signature: typed or pointed name of registered ag	JOD DIRECTORS	(NOTE Registere	ed Agent sign	ature required wi	hen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE SEDO ANO E	VIDECTOR	S INI 12
12.	OFFICERS AN	DELE		III E		ADDITIONS/CHANGES TO OFFIC		Change	Addition
	YON, ROBERTO						_	Unango	
NAME	9040 BELVDERE ROAD			IAME					
STREET ADDRESS	WEST PALM BEACH FL 3341	11	1	STREET ADDRE	222				
CITY - ST - ZIP	VID	DELI		OTY-ST-ZIP			Т	Change	Addition
TITLE	PURINO, ALBERT T	ב שננו					L	T DIMINA	Audition
NAME	9040 BELVDERE ROAD		1	NAME					
STREET ADDRESS	WEST PALM BEACH FL 3341	14	1	STREET ADDRE	1				
CITY-ST-7IP	SD SD	DELE		CITY-ST-ZIP				T Change	Ladding
TITLE		L_1 DELL					Ļ	Change	Addition
NAME	YON, MARIE 9040 BELYDERE ROAD		h	IAME	{				
STREET ADDRESS	,	4		STREET ADDRE	- 1				
CITY-ST-ZIP	WEST PALM BEACH FL 3341			CITY-ST-ZIP			<u> </u>	100	6 (42)
TITLE		☐ DELE		TITLE			L	Change	Addition
NAME			· ·	NAME					
STREET ADDRESS				STREET ADORE	SS				
CITY-ST-ZIP		ne.		CITY-ST-ZIP			<del></del>	705	A dialeter
THTLE   		☐ DELI		TITLE			L	Change	Addition
NAME			5.21	NAME					
STREET ADDRESS			5.38	STREET ADDRE	SS				
CITY - SI - ZIP				CITY-ST-ZIP					
TITLE		☐ DELI	TE 6.11	TITLE			[	Change	Addition
NAME			621	NAME					
STREET ADDRESS			635	STREET ADDRE	SS				
CITY-ST-ZIP			640	C+TY - ST - ZIP					

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 port of 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 12 or Block 13 on an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER