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

 PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P95000003104	(3)
---------------------------------	--------------	-----

MIRADA	A CONST	TRUCTION COMPA	NY					
Principal Place	of Business		Ma	ailing Address				
1550 RINGLIN	IG-BLVD:	Heav Es.	; /	1500 RINGLING BEVI SARASOTA FE 3429	D. 6	sse i	o .	
	•	Hoss La. 1.34238	\$	SARASOTA FL 3429 00 S. Or orosota	, I. S.	34	1236	3. Date Incorporated or Qualified 3a. Date of Last Report 01/11/1995
2. Principal Pla 21 5006		ss g Moss Lane	2a. 26	Mailing Address 5006 Han	ging M	os	s Lane	4. FEI Number Applied For 65-0556695 Not Applicable
Suite, Apt. #		<u> </u>	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Sea Required \$8.75 Additional
City & State	ota, F	т.	28	Oty & State Sarasota	, FL	. /		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip 24 34238		Country 25 USA	29	<sup>Zip</sup> 34238	30	intry US	A	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \( \bigsim \) No
		and Address of Curren		tered Agent	13.51	Τ		10. Name and Address of New Registered Agent
						81	Name	
	WILLIAM I NGLING BL					82		Iress (P.O. Box Number is Not Acceptable)  S. Orange Aye.
	TA PL 342					83		o. Grange rive.
•	•					84	Śara	
or registere	ed agent, or	ons of Sections 607.0502 both, in the State of Flori of the obligations of, Sect	da. Suct	n change was author	rized by the	ove-i corp	named corpo poration's boa	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNÂTURE .	Signature typed	or printed manie of registered agent	and title if	eppt sabit	NOT: Registere	d Agri	nt signature requir	ed when renestaling: DATE
12.		OFFICERS AN	D DIREC	OTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		and the second s		☐ DELETE	1.1	TITLE		D, VP,S,T Change 🛭 Addition
NAME					1.2 M	IAME	(	Gebhard, H. Dieter
STREET ADDRESS					1.3 9	TREE	LADDRESS	1858 Ringling Blyd.
CHTY-ST-ZIP					140	ITY-S	ST-ZIP	Sarasota, FL 34236
TITLE				DELETE	2.1	1HLE		D Change X Addition
NAME		• 4			221	IAME	,	Cloyd, Christopher (This is
STREET ADDRESS		all ox	00	fficer	23.5	TREE	LADDRESS	no not the old and according
CITY-ST-ZIP		000 0.	/	7		-		Osprey House (N/A) Vitto addis
TITLE				DELETE		DILL		5 Old St.
NAME					\273	MM		St. Helier, Jersey, JEA 8UZ
STREET ADDRESS					3.3.	AR.		Channel Islands
CITY-ST-ZIP	Ì				<b>1 1 2 4</b> 0	) 	ST-SIP	Charlier Islands
TITLE				☐ DELETE	4.1	TITLE		Change 🔀 Addition
NAME					4.2 1	IAMÉ		Donovan, John
STREET ADDRESS					. E		1 ADDRESS	5082 Hanging Moss Lane
CITY-ST-ZIP							- 1	Sarasota, FL 34238
TITLE		<del></del>		DELETE		TITLE	1	Change Addition
NAME					5.21	IAME		Glendinning, Ronea
STREET ADDRESS								1858 Ringling Blvd.
CITY-ST-ZIP					540	ITY-!		Sarasota, FL
TITLE	<u> </u>			DELETE		TITLE		50000183878 Addition
NAME				—		AME.		-05/24/9601064005
STREET ADDRESS							T ADDRESS	***200.80
CITY-ST-ZIP							ST-ZiP	*** <u>~</u> UU.UU
14. I do hereb	y certify that	the information supplied	with this	s filing is voluntarily fo	urnished and	doe	es not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that	the informa	tion indicated on this ann	ial repoi	rt or supplemental a	nnual report	is to	ue and accur	rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes; and that my name

Daytinie Prione #