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 # P9500004658 (7)

CONSTRUCTION INTERNATIONAL SERVICES, INC.

Principal Place of Business

3939 COUNTRYVIEW LANE
SARASOTA FL 34233

Maiting Address

3939 COUNTRYVIEW LANE
SARASOTA FL 34233-4135

FILED Apr 18 1997 8:00am Secretary of State



| | | | | | | | 1 | | | | | |
|--------------------------------|---|--------------------------|---|----------------------|---------|----------------------|-------------|--|------------------------------------|---------------------------------------|----------------|--|
| | | | | | | | | Date Incorporated or Qualified 01/17/1995 | | te of Last 26/1996 | Report | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. | FEI Number | | A | pplied For | |
| 21 | | 25 | | | | | | 65-0562685 | | <u> </u> | lot Applicable | |
| Suite, Apt. #, etc | | | Suite, Apt. #, etc. | | | | 5. | Certificate of Status Desired | ired S8.75 Additional Fee Regulred | | | |
| City & Stat | e | | City & State | | | ·· | 6. | Election Campaign Financing | - | \$5.00 | May Be | |
| 23 | | 28 | | | | | | Trust Fund Contribution | | Added | to Fees | |
| Zip | Country | | Zip | L C | ountry | 1 | 8. | This corporation has liability for i | ntangible | tax under | s. 199.032, | |
| 24 | 25 | 29 | | 30 | | | | | | No | | |
| | 9. Name and Address of Curre | ent Regis | itered Agent | | | · | 10. | Name and Address of New Re | gistered | Agent | | |
| DUF | FEY, SAMUEL S | | | | 81 | Name | | | | | | |
| 1800 | SECOND STREET | | | | 82 | Street Addr | ess (P | O. Box Number is Not Acceptab | le) | · · · · · · · · · · · · · · · · · · · | | |
| SUIT | E 854 | | | | | | | | | | | |
| SAR | ASOTA FL 34238 | | | | 83 | | | | | | | |
| | | | | | - | | | | | 1001 7:- | | |
| I | | | | | 84 | City | | | FL | 85 Zip | Code | |
| 11 Porsuant | to the provisions of Sections 607.05 | 02 and 6 | 07 1508 Florida Statut | as the | abov | e-named corn | oratio | n submits this statement for the D | urnose of | changing | its registered | |
| office or r agent. La | registered agent, or both, in the Stat im familiar with, and accept the obli | te of Flori gations o | da. Such change was a f, Section 607.0505, Flo | authoriz orida St | ed by | y the corporat s. | lion's b | poard of directors. I hereby accept | ot the app | ointment a | s registered | |
| SIGNATURE | | | | | | | | | DATE | | | |
| 12. | Signal reclipsed or pointed name of registered a OFFICERS A | | | E: Megisle | | ent signature requir | | reinstaling) ADDITIONS/CHANGES TO OFFIC | | DIDECTO | DC INL 12 | |
| TIFLE | D OFFICENS A | ND Ding | DELETE | _ | TITLE | | | ADDITIONS/CHANGES TO OFFIC | ENS AINL | Change | | |
| NAME | FARLEY, THOMAS M | | | - 6 | NAME | \ | | | | First Country | | |
| | 3939 COUNTRYVIEW LANE | | | | – | | | | | | | |
| \$FREET ADDRESS | SARASOTA FL 34233 | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP | SAMSUIA FL 34233 | | DELETE | | CITY-5 | 51 - ZIP | | | | ☐ Change | Addition | |
| TITLE | | | C) pereit | 1 | TITLE | | | | | ☐ Criange | LT ADDITION | |
| NAME | | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | 1 | | r address | | | | | | |
| CHY-ST-ZIP | | | Figure | | 4 CITY- | ST-ZIP | | | | T. O | | |
| TITLE | | | DELETE | 1 | TITLE | | | | | Change | Addition | |
| NAME | | | | 3.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | 3.3 | STREET | T ADORESS | | | | | | |
| City-St-ZiP | | | | | CITY- | ST-ZIP | | | | | | |
| THE | | | ☐ DELETE | | TITLE | | | | | Change | Addition | |
| NAME | | | | 4.3 | 2 NAME | | | | | | | |
| STREET ADDRESS | | | | 4.3 | STREET | T ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | 4.4 | CITY- | ST-ZIP | | | | | | |
| TITLE | | | DELETE | 5.1 | TITLE | | | | | Change | Addition | |
| NAME | | | | 5.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | 5.3 | STREET | T ADDRESS | | | | | | |
| City-St-7IP | | | | 5.4 | CITY- | \$1- 2 IP | | | | | | |
| TITLE | | | DELETE | | TITLE | | | | | Change | Addition | |
| NAME | | | | 6.2 | NAME | | | | | _ | | |
| STREET ADDRESS | | | | | | ADDRESS | | • | | | | |
| O HEET MEDINGS | | | | | ~114L | | | | | | | |

14. It 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; if 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 apprais in Block 12 or Block 13 if the partiest or on an altachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

414/9

918-845