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PROFIT CORPORATION ANNUAL REPORT

1996



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

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1. Corporation Name

SIGNATURE:

P95000009795 (2)

MCCREA CONSTRUCTION CONSULTANTS, INC.

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| Principal Piace o | of Business | Mailing Address | | a imaniman tim imina mitil malify dalif | 7 88121 88111 8811 5 19 11 1 1882 | T (CIPI WIRI 100) |
| 6200 S.W. 638 MIAMI FL 331 | | 6200 S.W. 63RD COI MIAMI FL 33143 | URT | | | |
| | | | | Date Incorporated or Qualified 02/06/1995 | 3a. Date of Last Re | port |
| 2. Principal Plac 4. | ice of Business | 2a. Mailing Address | | 4. FEI Number |) | Applied For |
| 1] - Suite, Apt. #. | efc | 26 | | (e5-0575262 | · | Not Applicable |
| | | 27 | | 5. Certificate of Status Desired | | Additional Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| <u>Ζ</u> φ. | Country | Zip | Country | 8. This corporation has liability for | · // | 199.032, |
| | 25 9. Name and Address of Cu | rrent Benistered Agent | 30 | | □No (| |
| | g, Italiie Bild Address of Ot | arrein negistered Agein | 81 Name | 10. Name and Address of New F | registered Agent | |
| MCCREA | A. DANIFI | | 82 Street Ad | dress (P.O. Box Number is Not Acceptab | 4_1 | ·-·· |
| | N. 63 COURT | | 5treet Ad | dress (F.O. Box Number is Not Acceptat | же) | |
| MIAMI FL | L 33143 | | 83 | | | ······ |
| | | | 84 City | | - 85 Zip | Code |
| | | | | oration submits this statement for the pu | | |
| face har with | ed agent, or both, in the State of in, and accept the obligations of, | Statute Bonor , cucu. Vud nonde | , o. | | | |
| ramiliar with | n, and accept the obligations of, | superit and little if appletable. (f | NOTE. Registered Agent signature requi | | DATE | DC IN 12 |
| GNATURE S | h, and accept the obligations of, Stpoton, typistor printed name at rejetized OF FICERS | | | red when reinstating) ADDITIONS/CHANGES TO OFF | | |
| GNATURE S | n, and accept the obligations of, | Egyent and fifter it applicable. (F S AND DIRECTORS | VOTE. Registered Agent signature requi | | ICERS AND DIRECTO | |
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| TAGHAR WITH GNATURE S 2. LE ME HEE' ADDRESS IV-ST ZIP | th, and accept the obligations of, Structure, typict or printed name of respelying OFFICERS PSTD MCCREA, DANIEL | Bujent and title If agglecate. (6 S AND DIRECTORS DELETE | NOTE: Rug stered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 C(TY-S1-ZIP | | CERS AND DIRECTO | ☐ Addition |
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