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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000012722	(1)
ALIAMANA ALIALIMA		

CUSTOM QUALITY CONSTRUCTION, INC.

		,				
Principal Place of Bus 3525 EWELL RD LAKELAND FL 3381 4.2.44 70.7		Mailing Add 9525 EW LAKELAN		246 Forestwo		95111 66117 E6161 11515 11511 18616 11 <u>216</u> 1151 1521
0-40 /01					3. Date Incorporated or Qualific 02/14/1995	3a. Date of Last Report
2. Principal Place of 21 6246 70	Business rest wood br.	2a. Mailing 26 6 Z	46 70.	restwooder.	W 69-321669	Applied For Not Applicable
Suite, Apt. #, etc	/ 330 /	Suite, A	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	d 7L	#3 vti 8#	e la m	176	6. Election Campaign Financing	9 \$5.00 May Be
23 CARO 12	County	28 COL JL	e /a m		Trust Fund Contribution 8. This corporation has liability	Added to Fees for intangible tax under s 199.032,
24 558 11	25 00 / K	29 5.58	<u> </u>	30 SOIK	Florida Statutes 10. Name and Address of Ne	Yes □ No
9	Name and Address of Curre	iii negistered A	gent	81 Name	id and Address of Ne	w negistered Agent
WALRATH, SI				82 Stycet Art	dress (P.O. Box Number is Not Accer	
602 COLUMB BRADENTON				83	46 Forest wo	od pr.w
• 7				84 City	V / 1	85 Zip Code
11. Putsuant to the i	provisions of Sections 607.050)2 and 607,1508.	Florida Statute	s, the above parned core	CE / & IV C	FL 3387
or registered age	ent, or both, in the State of Flo Laccept the obligations of, Sec	rida. Such change Sjon 607.0505, FI	o was authorize Iorida Statu <u>t</u> es.	ed by the comporation's h	and of directors. I Mereby accept the	appointment as registered agent. I am
SIGNATURE L	chardualyat	L Pres	ide, J	E Begindered Agent signature reup	Waliath	3-29-96
12.	OFFICERS A	ND DIRECTORS		13.		OFFICERS AND DIRECTORS IN 12
TITLE	esident	46	DELETE	1 1 TITLE	SAME	Change Addition
NAME	chard walre	d Br. n	/	1.2 NAME		
	rebut 21	33811		1.3 STREET ADORESS		
CITY+ST-ZIP LA	1/-		DELETE	1 4 CITY - ST - ZIP 2 1 TILLE		Change X Addition
س ن ا	and a suplement	tL	. /	2 2 NAME	SHME	Change Addition
STREET ADDRESS	246 Forgstwo	ed Dr.	W	2.3 STREET ADDRESS		
CHY-SI-ZIP	Keland, 7L	33811		2 4 CiTY-ST-ZIP		
Title	1-07-700 17		DELETE	3 1 TATLE		Change Addition
NAME		_		3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CiTY-ST-ZiP				3 4 C!TY - ST - ZiP		
TITLE			DELETE	4 1 TITLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CITY - ST - ZIP				4.4 CHTY - ST - ZIP		
TITLE			☐ DELETE	5 1 THEF		☐ Change ☐ Addition
NAME				5 2 NAME		
STREET ADDRESS				5.3 STHEFT ADDRESS		
CITY - ST - ZIP				5 4 CITY - ST - ZIP		
TITLE			DELETE	. 6 1 TITLE	60000 1 -04/15/960	7796 16
NAME				6 2 NAME	-04/15/960	01027018
STREET ADDRESS				6 3 STREFT ADORESS	***200.00	
CITY-ST-ZIF	fullbat the information evention	Awith this floor is	uzdontazii e fi eesi	6 4 City-St-ZiP		110 OZ(3)(k) Florida Statutas I further

. 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 ainual report of 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 of the receiver or trusteed in powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if Changed in on an attachment with an appears.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

Daytme Phone #