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

PROFIT

STREET ADDRESS



	RPORATION UAL REPORT 1996	Sandra Scoreta	RTMENT OF STATE  B. Mortham  ary of State  CORPORATIONS		
1. Corporation	MENT # P9500 ONSTRUCTION OF CENTRA	0022688 (2) al fl. inc.		( 13 1 13 2 1 NP 13 10 4 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business Mailing Address  4305 PALOMINO DR. SEBRING FL 33872 SEBRING FL 33872				Date Incorporated or Qualified     03/20/1995	3a. Date of Last Report
<ol> <li>Principal Pl.</li> <li>H30</li> <li>Suite, Apt.</li> <li>H0 w</li> <li>City &amp; State</li> </ol>	#, etc.	28. Mailing Address 26 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ulvo Dr.	4. FET Number 62-1614354  5. Certificate of Status Desired	Applied For Not Applicable  \$8.75 Additional Fee Required
23 <b>Seb</b>		City & State  28	30 Highlands	Election Campaign Financing     Trust Fund Contribution     This corporation has liability for Florida Statutes     Name and Address of New R	□No
PATTERSON, JEANETTE W 4305 PALOMINO DR. SEBRING FL 33872		81 Name 82 Street Addres 83 84 City	ss (P.Ö. Box Number is Mut Acceptable	e; 85 Zip Code	
SIGNATURE	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section for the Section of Section 1997 of the Sect	Whes. I cauch	, the above-named corporal I by the corporation's board Leading Report Special Reports of the second special Reports of the second sec	sou tres 3/	iose of changing its registered office intrient as registered agent. I am
11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D OFFICERS AND PATTERSON, JEANETTA W 4305 PALOMINO DR. SEBRING FL 33872	DIRECTORS	13. 1.1 TILE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-S1-ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12  Change Addition  Change Addition
THLE NAME STREET ADDRESS OHY-S'-ZIP		[] DELFIE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-SLIZE		Change Addition
NAME STREET ADDRESS CITY-ST-7IP TITLE		☐ DELETE	3 1 TILLE 3 2 NAME 3 3 STREEL ADDRESS 3 4 CHY-ST-ZIP		Change Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.11/1/F 4.2 NAME 4.3 STREET ADDRESS 4.4 CLYSST-ZIP 5.11/1/F		Change Addition
NAME STHEET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 THE		Change Addition
NAME			■		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exeruption stated in Section 119.07(3)(k), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE SIGNATURE SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS