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 # **P95000024568 (4)**

1. Corporation Name

ADDISON CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
455 ADDISON PARK LANE BOCA RATON FL 33432	455 ADDISON PARK LANE BOCA RATON FL 33432

3. Date Incorporated or Qualified: 03/27/1995 | 3a. Date of Last Report:

2. Principal Place of Business
21 205 Via Tortuga
22 Suite, Apt. #, etc.
23 City & State: Palm Beach, Fl.
24 Zip: 33480 25 Country: P.B.

2a. Mailing Address
26 205 Via Tortuga
27 Suite, Apt. #, etc.
28 City & State: Palm Beach, Fl.
29 Zip: 33480 30 Country: P.B.

4. FEI Number: 65-0574519 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SWANSON, DANNY~~
~~455 ADDISON PARK LANE~~
~~BOCA RATON FL 33432~~

Kirschner, Mitchell B
301 Yamato Road
Suite 2110
Boca Raton, Fl. 33431

10. Name and Address of New Registered Agent

81 Name: Dan E. Swanson
82 Street Address (P.O. Box Number is Not Acceptable): ~~205 Via Tortuga~~
83
84 City: Palm Beach FL 85 Zip Code: ~~33480~~

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X _____ 4/30/96
Signature, typed or printed name of the new registered agent (if changed) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☒ DELETE
NAME	SWANSON, DANNY	
STREET ADDRESS	455 ADDISON PARK LANE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	☒ Change ☐ Addition
1.2 NAME	Dan E. Swanson	
1.3 STREET ADDRESS	205 Via Tortuga	
1.4 CITY-ST-ZIP	Palm Beach, Fl. 33480	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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)(i), Florida Statutes. I further certify that the information indicated on this report or 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 or the receiver or trustee 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: X _____ Dan E. Swanson 4/12/96 407-848-2475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #