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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000031329 (2) PASQUALE CONSTRUCTION, INC.				1 (22)((2 2) H2 (8)(2) 2 ((1) 2 (1)) 2 (1)	88 88 88 118 8 0 11	1181 1181 818 11 8 15
Principal Place	e of Business	Maling Address				
3907 N.W. 4T DEERFIELD B	ih Court Beach Fl 33442	3907 N.W. 4TH COURT DEERFIELD BEACH FL	33442			
				 Date Incorporated or Qualified 04/21/1995 	3a. Date of Last	
Principal Pla	ace of Business	2a. Mailing Adoress	38 m AUE	4. FEI Number 7 (62)		Applied For
Suite, Apt.	#, etc	Suite, Apt. #, etc.		100 100 1000) \$8.7	Not Applicable 5 Additional
	**************************************	27		5. Certificate of Status Desired		e Required
City & State	8	28 DRERFIE	40 Best F	6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zφ	Country	221012	- Spugnet	8. This corporation has liability for i		·
	9. Name and Address of Curren		30 0 7 1 3		No	
	. Hame and Address of Curren	it negistered Agent	81 Name	10. Name and Address of New R	egistered Agent	
			84 Crty		FL T	Zip Code
or registere	to the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was authorize	s, the above named corpored by the corporation's boar	ation submits this statement for the pur id of directors. Thereby accept the appe	pose of changing its cintment as registere	registered officed agent. Lam
familiar wit	ed agent, or both, in the state of Floristi, and accept the obligations of, Sect. Signed in this corporation care of a preschaper	03. Such Change was authorize ion 607.0505, Florida Statutes. acture facilitatic and	d by the corporation's boar	d of directors. Thereby accept the appoint	ointment as registere	ed agent I am
familiar wit	ed agent, or both, in the state of Flori th, and accept the obligations of, Sect	03. Such Change was authorize ion 607.0505, Florida Statutes. acture facilitatic and	ed by the corporation's boar	rd of directors. I hereby accept the appo	ointment as registere	ORS IN 12
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SIGNATURE:

MATURE AND TYPED OR PREMED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/96 954-4299851