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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mogarin, 👡

Secretary of State
DIVISION OF CORPORATIONS

1996

DIVISION OF COF

DOCUMENT # P95000034313 (3)
1. Corporation Name

CONSTRUCTION & CODE CONSULTING CORP.

Mailing Address Principal Place of Business 11420 NW 27TH COURT 11420 NW 27TH COURT PLANTATION FL 33323 PLANTATION FL 33323 3a. Date of Last Report 3. Date Incorporated or Qualified 04/27/1995 4. FET Number Applied For 2a. Mailing Address 2. Principal Place of Business 1/426 NW 274. Suite, Apt. #, etc NW27CL 65-051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired PLANTATION Fee Required PLANTATION 6. Election Campaign Financing Trust Fund Contribution 28

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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

84 City

	, ,		
SIGNATURE .	Signature, types or printed name of registered agent and title (Laurendible INOTE	Registered Agent signature in	napired when renstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1 TITLE 🥦	PRES Change Addition
NAME		1.2 NAME	CEORGE DESHARNAIS
STREET ADDRESS		L3 STREET ADDRESS	11420 NW 274
CiTY-ST-ZIP		1.4 City - \$1 - ZIP	PRES CORGE DESHARNAIS 11420 NW 27 4 PLANTATION PL 33323
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CITY-ST-ZIP		5.4 C(1) Y - ST - Z(P	
TITLE	☐ DELETE	6 1 THTLE	5000018592 85 % O Addition -06/12/9601021040 5/
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		64 CITY \$1 - Z P	1,75

14. I do hereby certify that the information supplied with this fling 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 annual 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 all an accurate and the second of the corporation of the receiver of 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 all an accurate and the second of the corporation of the receiver of the corporation of the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

954-473-5921

Daytin e Phone #

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Zip Cone

CR2F034 (12/95)