* FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034313 (3)

CONSTRUCTION & CODE CONSULTING CORP.

Principal Place of Business

Mailing Address

11420 NW 27TH COURT PLANTATION FL 83323 11420 NW 27TH COURT PLANTATION FL 33323-1823

FILED May 12 1997 8:00am Secretary of State



						 Date Incorporated or Qualified 04/27/1995 	3a. Dale of Last 05/01/1996	
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21 11420 NW 27 CF			26 11420 NW	26 1/420 NW 27 4. Suite, Apt. #, etc.		65-0579457	J	Not Applicable
Šulte, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired 3		Additional	
22 PLANTATION			27 PLANTA	7410N		5. Certificate of Status Desired	Fee!	Required
City & Stat	e		City & State			6. Election Campaign Financing	\$5.0	O May Be
23 PC			[28] PL		Trust Fund Contribution		d to Fees	
Zip	_ =	Country	Zip	Countr	,	8. This corporation has liability for		s. 199.032,
24 33323 25 BROWARD 29 33323 3 9. Name and Address of Current Registered Agent					OWARD) Florida Statules Yes X No 10. Name and Address of New Registered Agent		
CHI			it Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
SMOLEY, ROBERT A ESQ. 21000 NE 28TH AVENUE STE 214 AVENTURA FL 33180					(V) (Value			
					Strect Addr	ess (P.O. Box Number is Not Acceptable)		
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ł				83	'			
					City 85 Zip Code			p Code
44 Purguent	to the provin	iana of Pastions CO7 O/O	0 and 007 1/00 Florida Oct		<u> </u>		<u> </u>	
office or r	registered ac	gent, or both, in the State	of Florida, Such change was	atos, the above authorized b	ye hamed corp by the corporat	poration submits this statement for the pion's board of directors. I hereby accept	ourpose of changing pt the appointment a	its registered as registered
agent. I a	ım f a miliar w	ith, and accept the obliga	ations of Section 607.0505, F	lorida Staluto	S.	,	• • •	
SIGNATURE	Cignature tuned	for printed name of registered age	order of the developing of the control of the contr	ST. 8				
12.	Signature, typed	OFFICERS AN		13.	jent signature requir	od whon reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	105 IN 12
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STREET ADDRESS				- 4	1 ADDRESS			}
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STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP	1)-			6.4 CHY-	i			j
	by certify tha	t the information supplied	d with this filing does not qua	lify for the ex	emption stated	In Section 119.07(3)(i) Florida Statute	s. I further certify the	at the
informatio	n indicated (on this annual report or s	upplemental annual report is	true and acc	urate and that	In Section 119.07(3)(i), Florida Statute my signature shall have the same legal	I effect as if made u	inder eath; that

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.

CIGNATURE

(Silla VEVALLE WALLE)

4-25 97

954-472592