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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000039366 (6)

DOCUMENT # 1. Corporation Name 4 R CONSTRUCTION, INC.

Principal Place of Business

Mailing Address



7226 WEST COLONIAL DRIVE. SUITE 173 ORLANDO FL 32818		7226 WEST COLO ORLANDO FL 328	DNIAL DRIVE, SUITE 173 118			
				1	of Last Report Report	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		69 3361968 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip		[28]		Trust Fund Contribution LJ Added to Fees		
24	Country 25 Orange	Ζιρ 29	Country	8. This corporation has liability for intangible tax	under s 199.032,	
-71	9. Name and Address of Curre		30 Orange	Florida Statutes Yes No 10. Name and Address of New Registered A	nont .	
			B1 Name	IV. Italic and Address of New Negistered A	36111	
RIH .I	OHN H ESQ					
243 WEST PARK AVE., SUITE 104 WINTER PARK FL 32789			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City	FI	85 Zip Code	
	to the provisions of Sections 607,0502 ed agent, or both in the State of Flori th, and accept the obligations of, Sect			ration submits this statement for the purpose of chan rd of directors. I hereby accept the appointment as re	ging its registered office egistered agent. I am	
SIGNATURE.	, ,	,				
	Signature, typod or printed name of registered agent		(NOTE Registered Agent signature redune	d when reinstating) DATL		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	D D	DELETE	1 THILE		Change	
NAME	LYNCH, MICHAEL J		12 NAME			
STREET ADDRESS			13 STREET ADDRESS		ļ	
CITY-ST-ZIP TITLE	ORLANDO FE 32818		1.4 C(TY+ST+Z)P 2 1 TITLE	F-1		
NAME	[_] 0223		2 2 NAME	LJ	Change Addition	
STREET ADDRESS						
City-St-ZiP		3	2 3 STREET ADDRESS			
TITLE		DELETE.	2 4 CITY - ST - ZIP 3. 1 TILLE		Change [] Addition	
NAME			3.2 NAME	L	Onlinge [] Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 City-St-ZiP			
TITLE		DELETE	4 1 TITLE		Change	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		\$	
TITLE		DELETE	5. 1 ToTLE		Change Addition	
NAME			5.2 NAME	_	_	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY - ST - 2iP			
TITLE		DELETE	6. 1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6 4 CITY - ST - ZIP			
4.4 Lelo borols	a contract that the information a realized .	sold the effect of the second of the	model to a state of the state o			

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)(k). Florida Statutes, I further certify that the information incloated 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 chapped or a pin attachment with an address.

SIGNATURE:

407-256-2628

CR2E034 (12/95)