## 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 # P95000045532 (5)

SOUTHERN CONSTRUCTION OF ORLANDO, INC.

## FILED Jan 17 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				I GORIADEI MAR KRAMAL MAITH BRANK BROUKI BRANK BLOOM BLOOM BLOOM DULLER KUND VADI JARD.			
3312 MONTEE		POST OFFICE BOX 5661	POST OFFICE BOX 566164						
ORLANDO FL		ORLANDO FL 32856-816	4						
					÷	3. Date incorporated or Qualified 06/07/1995		te of Last R 02/1996	leport
	Place of Business	2a. Maling Address		<del></del>		4. FEI Number	<u> </u>	Ar	oplied For
	T MICHIGAN SIREET	26				59-3319591	, <del>, ,,,,,</del>	N Nk	ot Applicable
Suite, Apt 22		Suite, Apt. #. etc.			7944	5. Certificate of Status Desired			Additional equired
City & Sta		City & State				6. Election Campaign Financing	F		May Be
	O, FL 32806 Country	<b>28</b>	Cou	in le c		Trust Fund Contribution	Ц		to Fees
Zip 24	25	29	30	iriu y		8. This corporation has liability for in Florida Statutes	ntangible ] Yes = [		. 199.032,
241	9. Name and Address of C		30	····		10. Name and Address of New Re			*
.in	INSON, BRIAN			81 N	lame		<b>-</b>	<del></del>	
	2 MONTEEN DRIVE								
	ANDO FL 32808			82 S	treet Addre 7 NECT N	ss (P.O. Box Number is Not Acceptab <b>IIOHICAN STREET</b>	le)		
One	TAMES LE SESSO		l	83	/ WOLF	HOHEN SINCE			
				ĽĹ					
				84 6	WANDO.		FL	85 Zig	Code
11 Dureuani	to the grow signs of Sections 60	7.0502 and 607.1508. Florida Stat	utos the al	1 1	•	pration submits this statement for the p		Changing i	te remistered
office or	registered agent, or both, in the	State of Florida. Such change wa obligations of, Section 607.0505,	s authorized	d hu th	e corporatio	on's board of directors. I hereby accep	t the app	ointment as	registered
	am tamiliar with and accept the	cioligations of, acction 607.0003,	FIUTUA Stat	iutes.					
SIGNATURE	Signature, typed or printed name of registri	red agent and ble if applicable (N	OTE flagistered	d Agent s	gnature required	o when reinstating)	DATE		<del></del>
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 12
TITLE	D	DELETE	1.1 10	TLE				<b>K</b> Change	Addition
NAME	JOHNSON, BRIAN		1.2 N/	AME					
STREET ADDRESS	3312 MONTEEN DRIVE		1.3 \$7	TREET ADO	RESS 87	WEST MICHICAN STREET			
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CI	ITY-ST-Z	<sub>P</sub>   OF	MANDO, FL 32806			
TITLE		☐ DELETE	2 1 TJ	TLE				Change	Additio
NAME			22 N/	AME					
STREET ADDRESS			2351	TREET ADE	DRESS		• ••		
C-TY - ST - ZIP			2.40	11Y-S1 <u>-</u> 2	IP		* **		
TITLE		☐ DELETE	3.1 TI	TLE				Change	Additio Additio
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 ST	FREET ADI	RESS				
CHY-ST-ZIP			3,4. C	ITY-SI-	IP I				
TITLE		DELETE	4.1 TI	TLE				Change	Additio
NAME			4. 2 N	IAME					
STREET ADDRESS			4.3 ST	TREET ADO	ORESS				
CITY-ST-ZP	<u> </u>		4.4 Ct	ITY-ST-7	P				
TITLE		DELETE	5.1 TI	TLE				Change	Addition
NAME			5.2 N/	AME					
STREET ADORESS			5.3 S1	TREET ADO	DRESS				
CITY-ST-ZIP			5.4 CI	ITY-ST-2	IP.			-	
TITLE		☐ DELETE	6 1 TI	TLE				Change	Addition
NAME			62 N	AME	1				
STEET ADDRESS			63.51	TREET ADI	DAESS				
CITY-ST-ZIP			64 C	ITY-ST-Z	P				
	1								

14. Too hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementa, 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 of the property of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PROPRIES OF FICER OR DIRECTOR

JANUARY 10, 1997

(407) 423-0808

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