

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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # P95000071116 (4)

1. Corporation Name
SYLLA CONSTRUCTION SERVICES, INC.



Principal Place of Business

315 E MADISON ST
SUITE 807
TAMPA FL 33602-4819

Mailing Address

315 E MADISON ST
SUITE 807
TAMPA FL 33602-4819

2. Principal Place of Business

21 401 S. Florida Ave.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Tampa, FL

Zip

24 33602

Country

25 US

2a. Mailing Address

26 401 S. Florida Ave.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Tampa, FL

Zip

29 33602

Country

30 US

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

02/08/1996

4. FEI Number

59-3339332

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SYLLA, CHEIKH T
315 E MADISON ST
SUITE 807
TAMPA FL 33602-4819

10. Name and Address of New Registered Agent

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

401 S. Florida Ave.

83

Suite 300

84

Tampa

FL

85 Zip Code
33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Cheikh T. Sylla
Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/8/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS SYLLA, CYNETTE D.
CITY-ST-ZIP 315 E MADISON ST SUITE 807
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P
1.3 STREET ADDRESS Sylla, Cheikh T.
1.4 CITY-ST-ZIP 401 S. Florida Ave, Suite 300
Tampa, FL 33602

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME V
2.3 STREET ADDRESS Simon, Peter
2.4 CITY-ST-ZIP 401 S. Florida Ave., Suite 300
Tampa, FL 33602

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME V/S/T
3.3 STREET ADDRESS Sylla, Cynette D
3.4 CITY-ST-ZIP 401 S. Florida Ave., Suite 300
Tampa, FL 33602

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 an address.

SIGNATURE

Cheikh T. Sylla

5/8/97

2240-2675

CR2E034 (9/96)