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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9500071173 (5)

FILED Feb 17 1998 8:00am Secretary of State

BLAIR CATTABRIGA CONSTRUCTION, INC.					
Principal Place of Business Mailing Address				I (MOINEAN NIB IMINI MININ MAINI MASIN ANNIN MONTE N	BERK HORN LINGH GOORD SHILL SOOL
4164 MAURICE DRIVE 4164 MAURICE DRIVE					
DELRAY BEACH FL 33445 DELRAY BEACH FL 33445		5	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				09/14/1995	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		[26]		65-0612881	Not Applicable
22		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		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
CATTABRIGA, PETER B			o i Name		
4164 MAURICE DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
DELRAY BEACH FL 33445			83		
			84 City	F	85 Zip Code
11, Pursuant	to the provisions of Sections 607 056	02 and 607,1508, Florida Statuti	os, the above-named corp		
11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutos, 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 Submits 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					
	Signature, typed or posted same of registered as		Registered Agent signature requir		
12.		DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE	D CATTARDICA DETERM		1.1 THILE		CT CHAURA CT MODITION
STREET ADDRESS	CATTABRIGA, PETER B 4164 MAURICE DRIVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		
TITLE	D DELINAT BENOTI PE 30443	DELETE	2.1 TITLE		Change Addition
NAME	CATTABRIGA, BARBARA S		22 NAME		-
STREET ADDRESS	4164 MAURICE DRIVE		2.3 STREET ADDRESS		ŀ
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GWYNN, WILLIAM E		3 2 NAME		
STREET ADDRESS	161 N.E. FIFTH AVENUE		3 3 STREET ADDRESS		ļ
CATY-ST-ZIP	DELRAY BEACH FL 33483		3 4. CITY-ST-ZIP		
TITLE		☐ DEFELE	4.1 TOTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		- vininge [required
STREET ADDRESS			5.3 STREET ADDRESS		J
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. Thereby 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 suppliemental 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 conforation or the conforation of the conforation or the conforation of the conforation or the conforation of the

SIGNATURE:

and. Cause

2-2-98

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