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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000076423 (9)

	BISTARKEY CONSTRUCT	TION, INC.			
Principal Place of Business Mailing Address					11 (A212 2111) SISIA 1126A 1111 (A21
1771 FLAMERVINE PL PO BOX 500203 VALKARIA FL 32850 MALABAR FL 32850					
YALAANIA FI	L 32800	MALABAR FL 32950		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				10/05/1995	
<del></del>		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3347532	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		a Stanting Committee Signature	<del></del>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	¥ Yes □ No
	<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent		10. Name and Address of New Register	red Agent
	COBY, DAVID H		81 Name		
1581 ROBERT J CONLAN BLVD., NE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 100					
, PA	LLM BAY FL 32905		83		
			<b>B4</b> City	I	85 Zip Code
11 Pureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida State	the the above named core	poration submits this statement for the nurnos	e of changing its registered
office or r	egistered agent, or both, in the Str im lamiliar with, and accept the obl	te of filorida. Such c <b>hange was</b>	authorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12.	Signature typed or printed name of registered a OFFICERS A	ND DIRECTORS	III. Registered Agent signature recui 13.	red when reinslating) DA' ADDITIONS/CHANGES TO OFFICERS.	<del></del>
TITLE	PD	DELETE	1.1 TiTLE	ADDITIONS/OFFANGLE TO OFFICE IT	Change Addition
NAME	BISTARKEY, DAVID		1.2 NAME		
STREET ADDRESS	1771 FLAMEVINE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MALABAR FL 32950		1.4 CHY-ST-7(P		
TITLE	STD	DELETE	2.1 TITLE		Change Addition
NAME	BISTARKEY, DEBORA		2.2 NAME		
STREET ADDRESS	1771 FLAMEVINE		2.3 STREET ADDRESS		
CITY - ST - ZIP	MALABAR FL 32950	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		□ nereie	3.1 TITLE		LI CHANGE LI ACORIUM
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	<u> </u>	105/2
STREET ADDRESS			5.3 STRFET ADDRESS		1/7/-/
CITY-ST-ZIP			5.4 CITY - ST - ZIP	//	/
TITLE		DELÉTE	6.1 TITLE	900002555	Change Addition
NAME			6.2 NAME	9000025253 -05/15/9801081	037
STREET ADDRESS			6 3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 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 or an attachment with an address.