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

PROFIT CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

	L REPOR	it 💮	DIVIS	Secretary of State DIVISION OF CORPORATIONS						
DOCUM 1. Corporation N	IENT #	P95000	08126	5 (7)						
•		TRUCTION CORP.					Language (15 1616) Kell State	A 161 A A 181 A A 6A 1	10101 (4010 1601	18
Principal Place of	f Business		Mailing Address	3			I MASSAGE NO SEGO ASTRE AND LE	Alle 2010 0410.	18187 11818 1187	
478 BALLARD DRIVE SUITE 6 MELBOURNE FL 32935			478 BALLAF SUITE 6	478 BALLARD DRIVE SUITE 6						
			MELBOURNE FL 32935			3. Date Incorporated or Qualified 10/19/1995	3a. Date	of Last Rep	port	
2. Principal Plac	e of Business		2a. Mailing Add	ress			4. FEI Number 62-1619408	?		pplied For lot Applicable
Suite, Apt #,	etc.		Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional lequired
City & State			City & State	·			6. Election Campaign Financing		\$5.00	) May Be
23	<u> </u>	0-1-1-1	28 Zin	<del></del>	Country		Trust Fund Contribution  8. This corporation has liability for	r intangible ta		199.032.
Zip 24	25	Country	Zip 29	3	[0]		Florida Statutes 🔲 Y	es 🔲 No		
		nd Address of Current F	legistered Agen	l	81	Name	10. Name and Address of New	Registered	Agent	
144.0) #5	NE MANAE						Address (P.O. Box Number is Not Accept	aklo:		
Maguire, Michael e 478 Ballard Drive Suite 6					82	Street A	Address (P.O. Box Number is Not Accept	лые,		
					83					
	OURNE FL	32935			84	City		FL	<b>85</b> Zip	Code
familiar with	n, and accept	s of Sections 607.0502 at th, in the State of Florida the obligations of Section critist name of registered asport an	( 607,0303, Florida	a Statilités.			rporation submits this statement for the poard of directors. Thereby accept the apparent when maintaining	DA'F		
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO O		D DIRECTO:	RS IN 12
TOLE	PD		□ Di	ELETE	1. 1 To I .E		PSD MAGUIRE, MICHAEL	. €	A Change	Addition
NAME		re, michael e Netree drive, #101			1.2 NAME 1.3 STPSET	ADOBESS	7.17.001.1037			
STREET ADDRESS		HARBOUR BEACH FL			14 CiT 4-S	1				
DITY-ST-ZIP TITLE	VD	TRAIDOUN DESIGN TE	D	ELETE	2 1 TiT.E		D HAUSER, HOWARD		Change	Addition
NAME		r, Howard W			2.2 NAME		HAUSER, HOWARD	<i>.</i> .		
STREET ADDRESS		CKIE CIRCLE			23 STEEF					
CITY - ST - ZIP		BOURNE FL	<u></u>	ELETE	2.4 CIT ( - S	ST - ZIP	P		Change	Addition
TITLE NAME	STD	HOUT, ALFRED B	1 ·	ZI.C.E	3.2 NAME		OSTERHOUT, ALFR	EDВ.		
STREET ADDRESS		CKIE CIRCLE			33 \$1468	r address	,			
CITY-ST-ZIP		BOURNE FL			3.4 Cit * - 3	S1 - 71°				
TITLE				ELETE	4 1 TI' E				☐ Change	Addition
NAME					4 2 NAVE					
STREET ADDRESS					4.3 STHEF					
CITY-ST-ZIP		<del>.</del>		EL ETE	4.4 C'11 - 5	51 - ZIT'			Change	Addition
TITLE NAME					5.2 NAVE					
STREET ADDRESS					53ST-EE	I ADDRESS				
CHTY-ST-ZIP			,		5 4 CT Y-				<u> </u>	
TITLE				ELETE	6 1 TI LE				Change	☐ Add-tion
NAME					6.2 NAME					
STREET ADDRESS	1					T ADDRESS				
City-ST-ZIP	v cortify that I	tie information supplied w	un this filee is volu	antanly furnish	640) Y- hed and doe		alify for the exemption stated in Section '	19.07(3)(k). F	lorida Statu	ites. I further
certify that	t the information	on indicated of this annual rior director of the corpor	il report or supple	mental annua er or trustee	al report is tr empowered	ue and a to execu	courate and that my signature shall have the this report as required by Chapter 607	the same leg , Florida Stat	ਡਾ effect as i utes; and th	л made under lat my name

4/24/96 (407) 725-3061