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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

PATTY	MENT # P950 CONTRACTING CORP.						
Table of Diagon	-f Dueinoro	Mailing Address					
rincipal Place o		661 FELLSMERE ROA	AN CHITE E				
661 FELLSMI SEBASTIAN	ere road. Suite e Fl 32958	SEBASTIAN FL 32958					
				3. Date Incorporated or Qu	alified 3a, Date	of Last Rep	oort
				10/26/1995 4. FEI Number	L	Ι ΙΔ	pplied For
Principal Plac	ce o' Business	2a. Mailing Address		14.1.5-0617	401	<u> </u>	ot Applicable
Suite, Apt. #.	ntc	26 Suite, Apt. #, etc.		5. Cortificate of Status Des		\$8.75	Additional
Stille, Apr. 4	, etc.	27		5. Certificate of Status Des	ired []		equired
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May		
<u> </u>		28		Trust Fund Contribution  8. This corporation has liab			to Fees
Zip ·	Country	Zip <b>29</b>	Country 30	Florida Statutes	∭ Yes 🛣 No	ix dilloon 3	100.001,
	9. Name and Address of Curr		1901	10. Name and Address of	New Registered	Agent	
	<u> </u>		81 Name 1	atricia A. F	lolde, dage		
THE LA	W FIRM OF LAWRENCE J SI	PIEGEL CHRTD	82 Street Add	ress (P.O. Box Number is Not A			
	MERIA AVENUE		66	1 Fellsnire	Ko		
CORAL	GABLES FL 33134		83 50.7	te F			
			84 City		FL	85 Zp	Code
	o the provisions of Sections 607.05	500 and 607 1509. Florida Statut	oc the above-pamed como	かいかい かい control submits this statement for	the purpose of ch	anging its re	gistered offic
or rometors	ad anont or both in the State of Fi	sold and but abanda was authoriz	red by the corneration's bea	and of directors. I hereby accept	the appointment as	registered	agent. I am
		ionua. Such change was admona	ed by the corporation a bee	and of directors, thereby accept			-0-
	h, and accept the obligations of, S	ection 607,0505, Florida Statutes	ed by the corporation a bee	ard of directors. Thereby accept		-96	- 0 -
	h, and accept the obligations of, S	6 / du co	ed by the corporation a bee	ud when reinstating)	01-22.	-96	
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4-8-96 407-589-0834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR