## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

•	1996		V.	393		DIVISION OF	CORPO	RATI	ONS					
DOCUN 1. Corporation			P9500			9 (0	)							
WANTER O	CONSTR	UCTION	CONFOR	וטוזאו	N									
Principal Place of Business				Mailing Address										
120 LAPLAYA LANE SEBASTIAN FL 32958			120 LAPLAYA LANE SEBASTIAN FL 32958											
SEDISTINA PE 32300			OCONOTIAN FL 32300							3. Date Incorporated or Qualification 11/16/1995	od <b>3a.</b> [	Date of La	st Report	
2. Principal Pl. 21 3807			#8	26 26	Mailing	_	18	u U			4. FEI Number 59 - 335 23			Applied For
21 380 / Suite, Apt		n	10	26	<u> </u>	pt #, etc	10	1			5. Certificate of Status Desired		\$8.7	Not Applicable  75 Additional
City & State				City & State										e Required
23 VERC		ACH,	FL.	28	WIM	JTCR.				L.	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	,		00 May Be ded to Fees
Zip 24 3296		Cour 25 V	SA	29			<b>30</b>	Ountr	SA		8. This corporation has liability Florida Statutes	Yes [	No	er s. 199.032,
9. Name and Address of Current Registered Agent									1 Name		10. Name and Address of New	Hegistered	Agent	
TREMBLAY, RANDALL M 120 LAPLAYA LANE SEBASTIAN FL 32958								82 Street Add			ess (P.O. Box Number is Not Accep	itable)	<del></del>	
								84	<u> </u>		The state of the s		105	7. Carlo
							4 to 2 to 2000 to 1 to 200 to	1	]	•		F	<u> </u>	Zip Code
office or re	egistered a	gent, or bo	ctions 607.050 th, in the State scept the oblig	of Flor	ida. Such d	change was	authoriz	ed by	y the corp	corpo oratio	ration submits this statement for thin's board of directors. I hereby acc	ept the app	if charigin jointment	g its registered as registered
SIGNATURE	ii taiiiiiai Yi	iai, and ac	cept the cong	jai-Oris i	DI, SECHOIT									
12.	Signature, type	der pencedina	nic of registered and OFFICERS AN			(1)	OF Regist		gent signature	a require	d when reinstating) ADDITIONS/CHANGES TO OF	FICERS AN	ID DIREC	TORS IN 12
TITLE					L	DELETE		TITLE		01	VISITIDICI	110210741	Char	
NAME					_		1.3	2 NAME		8	ANDAIL M. TREMI	3LAY	<del></del>	
STREET ADDRESS							1.	3 STREE	FT ADDRESS	38	107 65th ST.	•		
CITY-ST-ZIP			-,				1.	4 CITY -	ST-ZIP		ERO BRACH FL.	329	67	
TITLE					L.	DELETE	2	1 TITLE			•		Chai	nge Addition
NAME								2 NAME						
STREET ADDRESS									ET ADDRESS					
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NAME							4	2 NAMI	E					
STREET ADDRESS							4.3	3 STREE	ET ADDRESS					
CITY-ST-ZIP						<u> </u>	4	4 CITY -	ST - ZIP	<u> </u>				
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NAME								2 NAME						
STREET ADDRESS									ET ADURESS					
CITY-ST-ZIP						DELETE			ST - ZIP	<del> </del>			T Chi	ons Address
TITLE					L.	] OFFER		1 TITLE					Cha	nge Addition
NAME							6	2 NAME	:	1				

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes 1 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 are an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears at Block 12 or Block 13 if changed, or on an attachment with an address

6 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

DIRECTOR

6-6-96 561-778-7964