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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## P96000021386 (3)

Principal Plac	YN CONSTRUCTIONS, INC.	Mailing Address			
SARASOTA FL 34232 SARASOTA FL 34232 SARASOTA FL 34232					
US		US		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		03/08/1996 4. FEI Number	Applied For
21		26		65-0648996	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	16	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution L	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
=1	9. Name and Address of Curre		1401	10. Name and Address of New Register	
W	VRREN, ALAN		81 Name		
5918 GOLDEN ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
_	BRING FL 33872				
			83		
			84 City		B5 Zip Code
4. 5				rporation submits this statement for the purpos ation's board of directors. I hereby accept the	FL BS ZIP COOR
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (NOT	E: Ragistered Agent signature req	uired when reinstating) DA  ADDITIONS/CHANGES TO OFFICERS	
TITLE	D OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TO LE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	GREENWOOD, GORDON		1.2 NAME		
STREET ADDRESS	361 MCLEOD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAIRINS, QLD 4870		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREENWOOD, CYNTHIA		2.2 NAME		
STREET ADDRESS	361 MCLEOD ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAIRNS, QLD 4870	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME		[□] N∈TE IÇ	3.1 TITLE		LE CHANGE LE ADDITION
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		<del>-</del>
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		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. Fre	5.4 CITY-ST-ZIP		
TETLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

14. I hereby 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 supplemental 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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

**FILED** 

May 06 1998 8:00am

Secretary of State