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

PROFIT **CORPORATION ANNUAL REPORT**

1997

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 13 1997 8:00am

Secretary of State

Change Addition

DOCUMENT # P96000050858 (5)

DESIGN CONSTRUCTION CONSULTING, INC.

Principal Place of Business Mailing Address 256 SOUTHAMPTON LANE VENICE FL 34293 VENICE FL 34293-4280										
						3. Date Incorporated or Qualified 06/13/1996	3a. Da	ale of Last Re	port	
2. Principal P	lace of Business	}	2a. Mailing Address 26			4. FEI Number 65-0682436		· · ·	plied f or t Applicable	
Suite, Apt.	#, etc.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	8	Cily & State	´			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zıp 24	Country 25	Ζίμ 29	30	ountry	y		Yes [□ No	199.032,	
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered	Agent		
DOERNER, PAMELA 258 SOUTHAMPTON LANE VENICE FL 34293					Name Street Add	larne treet Address (P.O. Box Number is Not Acceptable)				
				84			FL	85 Zip C	Code	
agent. I a	m familiar with, and accept the o					tion's board of directors. Thereby acce	DATE			
12.	OFFICERS	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	D	☐ DE	LETE 1.1	TITLE				Change	Addition	
NAME Street address	DOERNER, PAMELA 256 SOUTHAMPTON LANE			name Sthee	T ADDRESS					
CITY-ST-ZIP	VENICE FL 34293			CITY-	ST-7IP					
TITLE	DELETE			T111 E				Change	Addition	
NAME				NAME						
STREET ADDRESS			23	STREE	T ADDRESS					
CITY-ST-ZIP					S1 - ZiP			Change	Add tion	
TITLE		□ DE		THLE	İ			Change	A00 (1011	
NAME				NAME						
STREET ADDRESS					1 ACORESS					
City-ST-ZIP					S1 - 710			Change	Addition	
TITLE		☐ DE		TITLE				Change	LJ AQUIDON	
NAME				NAME						
STREET ADDRESS			1		1 ADDRESS					
CITY - ST - ZIP			·		S1-7IF			Change	Addition	
TITLE		☐ DE	LETE 5.1	THE	1			change	MODINDON	

14. I do 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 logal 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 33 if changed, or on an attachment with an address.

6.4 CHY+S1-7IP

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET AUDRESS

1/ 20 00

5.4 CHY-ST-ZiP