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May 14 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060595 (1)

1. Corporation Name
TRIBAL CONSTRUCTION, INC.



Principal Place of Business

~~C/O BRUCE G. ALEXANDER, ESQUIRE~~
~~515 NORTH FLAGLER DRIVE, 18TH FLOOR~~
~~WEST PALM BEACH FL 33401~~

Mailing Address

~~C/O BRUCE G. ALEXANDER, ESQUIRE~~
~~515 NORTH FLAGLER DRIVE, 18TH FLOOR~~
~~WEST PALM BEACH FL 33401-4321~~

2. Principal Place of Business

21 3878 PROSPECT AVE
Suite, Apt. #, etc.

22 SUITE 21

23 WEST PALM BEACH, FL
City & State

24 33404
Zip

25 USA
Country

2a. Mailing Address

26 ~~3878 PROSPECT AVE~~
Suite, Apt. #, etc.

27 SUITE 21

28 WEST PALM BEACH, FL
City & State

29 33404
Zip

30 USA
Country

3. Date Incorporated or Qualified
07/19/1996

3a. Date of Last Report

4. FEI Number

65-0682181

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALEXANDER, BRUCE G ESQUIRE
515 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PROS. DENT
NAME JIM D ZUCKORAW
STREET ADDRESS 3878 PROSPECT AVE SUITE 21
CITY-ST-ZIP WEST PALM BEACH, FL 33404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JIM D ZUCKORAW 4/25/97

CR2E034 (9/96)