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

CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069703 (2)

W.M. RYAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 9638 RICHMOND CIRCLE 9638 RICHMOND CIRCLE **BOCA RATON FL 33434-2329 BOCA RATON FL 33434** 3. Date incorporated or Qualified 3a. Date of Last Report 08/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Zip Country Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 29 Florida Statutes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. 82 Bex Number is Not Acceptable) #211 CHMOND 83 PALM BEACH GARDENS FL 33418 Zip Code 33434 84 City 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 laprifyir with, and accept the obligations of, Section 607.0505, Florida Statutes. registered agent and title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELETE 1.1 TITLE TITLE RYAN, WILLIAM M NAME 1.2 NAME 9638 RICHMOND CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33434** 1.4 CITY-ST-ZIP CITY - ST- ZIP THILE DELETE 21 TITLE ★ Change Addition D, V RYAN, IRENE C HAME 22 NAME 9638 RICHMOND CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33434** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-S1-71F DELETE Change Addition THE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ASIDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - 7(P DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-Z#

14. I do hereby certify that the information supplied with this filing does not quality 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 comparation 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 or Changed, or on an attachment with an address.

FILED

May 02 1997 8:00am

Secretary of State