

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

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May 08 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 # P96000079420 (1)

1. Corporation Name
TWO PLUS FOUR CONSTRUCTION CO., INC.



Principal Place of Business: 112 BAL CROSS DR. BAL HARBOUR FL 33154
Mailing Address: 112 BAL CROSS DR. BAL HARBOUR FL 33154-1317

3. Date Incorporated or Qualified: 09/25/1996
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 6320 Fly Road	16-1084182	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 E. Syracuse, NY	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29 13057	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CHAPMAN, DWIGHT C III
112 BAL CROSS DR.
BAL HARBOUR FL 33154

10. Name and Address of New Registered Agent

81 Name: Michael J. Palenscar, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 112 Bal Cross Drive
83
84 City: Bal Harbour FL 85 Zip Code: 33154

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: Michael J. Palenscar, Jr. *[Signature]* 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, DWIGHT C III	1.2 NAME	Dwight C. Chapman, III
STREET ADDRESS	112 BAL CROSS DR.	1.3 STREET ADDRESS	6320 Fly Road
CITY-ST-ZIP	BAL HARBOUR FL 33154	1.4 CITY-ST-ZIP	E. Syracuse, NY 13057
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACON, DAVID R	2.2 NAME	David R. Bacon
STREET ADDRESS	112 BAL CROSS DR.	2.3 STREET ADDRESS	6320 Fly Road
CITY-ST-ZIP	BAL HARBOUR FL 33154	2.4 CITY-ST-ZIP	E. Syracuse, NY 13057
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Dwight C. Chapman, III *[Signature]* 4/20/97 (215) 427-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)