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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079962 (2)

CORE	CONSTRUCTION GROUP,	INC.	·				J <b>ii iii</b> i <b>iii</b> i
Principal Place of Business		Mailing Address				A PONI IONI IEARO ATILO F	<b>                                  </b>
11725 RUBY LAKE ROAD ORLANDO FL 32836		11725 RUBY LAKE ROAD ORLANDO FL 32836-7010					
					3. Date Incorporated or Qualified	3a. Date of Last	Report
A Data Sant C	No. of Dayley			<del>-</del> -	09/25/1996		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number /59-3432629	h	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicat		Not Applicable
222		27	<u> </u>		5. Certificate of Status Desired	,	Additional Required
City & Sta	lte	City & State			6. Election Campaign Financing		<b>0</b> May Be
23		28			Trust Fund Contribution		U May Be d to Fees
Zip	Country	Zip	Count	y	8. This corporation has liability for		
24	25	29	30			☐ Yes ☐ No	O. 100 00E,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	agistered Agent	
HAI	DER, DILRUBA		8.	Name			
11725 RUBY LAKE ROAD			8:	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	ANDO FL 32836			d			<del></del>
			8:	3			
			84	City		85 Zi	p Code
dd Discount	1-45-	V.00 1007.1000.5: 11.00		<u></u>		- FL	
agent. I a	am familiar with, and accept the ob-				rporation submits this statement for the alion's board of directors. I hereby acce uned when reinsaling)	pt the appointment a	is registered
12.		AND DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFFI		DRS IN 12
TITLE	D DELETE		1 1 117 LE			☐ Change	Addition
NAME	HAIDER, DILRUBA		1.2 NAME	Ì			
STREET ADDRESS	11725 RUBY LAKE ROAD		13 SIRE	1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836		14 C/TY+	ST ZIP			
TITLE	☐ DELETE					. Change	e [_] Addition
NAME			2.2 NAME		<u></u>	<i>e</i>	
STREET ADDRESS			<b>B</b>	1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY 3.1 TITLE	S1 - ZIP		Change	Addilion
NAME			3.2 NAME			Onango	E Madilion
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3.4. Cl1Y-				
TITLE		DELFTE				Change	Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STHEL	1 ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-7IP			
TITLE		DELETE	511IILE			☐ Change	Addition
NAME			52 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5 4 CITY-	SI - ZIP			
TIFLE		□ DELETE				Charige	Addition,
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	1		. עוויו א	C1_7ID			

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 12 or on an attachment with an address.

**FILED** 

May 07 1997 8:00am

Secretary of State