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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000040166 (5)

**FILED** Apr 01 1998 8:00am Secretary of State

J.M. M	ORAN CONSTRUCTION, II	NC.			
Principal Place	of Business	Mailing Address			T TO BELLE ING THE PARK DEBAT BOTTLE
580 FERN AVENUE N.E. 580 FERN AVENUE N PALM BAY FL 32907 PALM BAY FL 32907			E.		
			,		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
			1		05/02/1997
2. Principal Place of Business 2a. Mailing Address				**-	A FELAtumber
26					59-3456965 Applied For Not Applicable
Suite, Apt. #, etc Suite, Apt. #,					5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Coun	tro	Trust Fund Contribution
24	25	29	30	uy	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24)	g, Name and Address of Curre		<u> 30 </u>	-	10. Name and Address of New Registered Agent
CA	ATTERON, A. VAN			1 Name	
		<b>c</b>			
1990 WEST NEW HAVEN AVENUE SUITE 104			1	Stree	eet Address (P.O. Box Number is Not Acceptable)
	ELBOURNE FL 32907		1	13	**************************************
MC	ELDOUNNE PE 3280/		L	1	
				City	FL 85 Zip Code
SIGNATURE	Signature, typed or printed runne of registered a OFFICERS A	gent aust tille if applicable (N ND DIRECTORS	OTE Registered	Agent signatu	ature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 101)	E	2000 DEWI T. 4 S. Change Addition
NAME			1.2 NAA	1E	TOSEPH M. MURAN
STREET ADDRESS			1.3 \$TR	EET ADDRESS	580 FERN AVE. N.E.
CITY-ST-ZIP			1.4 CIT	-ST-ZIP	PAIM BAY FL. 32907
TITLE		☐ DELETE	2.1 TITE	E	☐ Change ☐ Addition
NAME			2.2 NAN	te.	
STREET ADDRESS			2.3 STR	eet adoress	.SS
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	3.1 TITL	Ē	☐ Change ☐ Addition
NAME			3.2 NAM		
STREET ADDRESS			3.3 STA	EET ADDRESS	SS .
CITY-ST-ZIP		DEFEE		Y - ST - ZIP	Change Addition
TITLE		☐ DELETE	4 1 TITL		Change
NAME PARET ADDRESS			4. 2 NA		
STREET ADDRESS				EET ADDRESS	20
CITY-ST-ZIP TITLE		DELETE	4.4 CIT	'-ST-ZIP	☐ Change ☐ Addition
NAME		L., OLLEIL			Change La Adulton
STREET ADDRESS			5.2 NAA	it Eet address	rec
ţ					30
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TITL	'-ST-ZIP E	☐ Change ☐ Addition
NAME		the percit	6.2 NAA		C Change C Footilon
STREET ADDRESS				il Eet address	rec
CITY-ST-ZIP				- ST - ZIP	30
UU11*31-ZIF			■ 04 CHI	- 31-ZiP	I

14. I 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:

TOSEPHM. MORAN 3-12-98