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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000043976 (4)

DAVID T. COOPER, P.A.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	E SANTINDER UND CONST. CORNEL CONTR.
2117 NORTHEAST 44 STREET 2117 NORTHEAST 44 STREET	
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
	05/12/1997
2. Principal Place of Business 2a. Mailing Address	4. FEI Number 0753738 Applied For
26	Not Applicable
Suite, Apt, #, etc. Suite, Apt. #, etc.	SR 75 Additional
27	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
28 28	Trust Fund Contribution Added to Fees
	8. This corporation owes or has paid the current year Intangible
24 25 29 30 B. Name and Address of Current Registered Agent	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
COOPER, DAVID T B1 Name	
2117 NORTHEAST 44 STREET FT. LAUDERDALE FL 33308	82 Street Address (P.O. Box Number is Not Acceptable)
LIVENDATE LE 00000	83
	84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the	e 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 authorize agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida State of Florida State	ized by the corporation's board of directors. I hereby accept the appointment as registered
	statutes.
SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE Register	tored Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13	3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DAVIN T. CHARRY POSSESSEE 11	1 TITLE Change Addition
NAME STREET ADDRESS CITY-ST-ZIP PT. LAUBERBAUE FL 33308 111 111 121 131 131 131 131	2 NAME
STREET ADDRESS 2117 21 44 34 175 13	3 STREET ADDRESS
CITY-ST-ZIP FCT, LAUBERNAUE FL 33308 14	4 CHY+ST+7IP
	.1 TITLE Change Addition
NAME 2.21	.2 NAME
STREET ADDRESS 233	3 STREET ADDRESS
	4 CITY - ST - ZIP
	1 TITLE Change Addition
■ **	2 NAME
1	3 STREET ADDRESS
	4. CITY - ST - ZIP Change Addition
	2 NAME
	3 STREET ADDRESS
	4 City-St-ZiP Change Addition
	2 NAME
	3 STREET ADDRESS
	4 CITY-ST-ZIP
	TITLE Change Addition
	2 NAME
	3 STREET ADDRESS
STREET ADDRESS 6.33	
STREET ADDRESS CITY-ST-ZIP 6.33	4 CITY - ST- ZIP
STREET ADDRESS CITY-ST-ZIP 6.33	