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

CORPORATION . ANNUAL REPORT

1998



H ORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name P9/000098622 (8)													
SHANCO CONSTRUCTION COMPANY													
Principal Place of Business				Mailing Address					- 9 10 05 15 05 15 0 5 0 0 1 1 1 1 1 1 1 1	NAL FRANK BANK	/	AI 1891	
6039 COLLINS AVENUE				6039 COLLINS AVENUE					į				
SUITE 1006				SUITE 1006					DO NOT WRITE IN THE	C CDACE			
MIAMI BEACH FL 33140				MIAMI BEACH FL 33140					3. Date Incorporated or Qualified				
									11/19/1997				
2. Principal Place of Business				2a. Mailing Address					4 FEI Number		Applie	ad For	
21				26					65-0794992		Not A	pplicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	•	5 Add		
22				City & Ciala							Requi		
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution		00 Ma ed to F		
Zip	Country			<del></del>			Country		8. This corporation owes or has paid the c	urrent year			
24	25			29 30					Personal Property Tax due June 30.	Yes	N PA	lo	
9. Name and Address of Current Registered Agent							T		10. Name and Address of New Registere	d Agent			
KUPPER, PAUL H						81	Name						
1700 UNIVERSITY DRIVE SUITE 110				82			Street A	Addre	ss (P.O. Box Number is Not Acceptable)				
			83	<del> </del>									
CORAL SPRINGS FL 33071											<del>- 7-</del>		
						84 City			F.	LII	ip Cod		
I Office or r	<b>egist</b> ered agent, o	r both, in the St	ate of Flor	ida. Such ch <b>ange</b> -	was aut	thorized b	y the corp	corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changin	g its re as reg	gistered istered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Fhereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE	Stanaliste, typed or porti	d have of reachined	aneot and in	e if applicable	(NOTE F	Registereo An	cut signature	required	o when reinstating) DATE				
12.							- Diame		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS II	N 12	
TITLE	D			DELET	Έ	1.1 TITLE				Chang	ge [	Addition	
NAME	SHAN, RICHA			<b>]</b> ·			ŀ						
STREET ADDRESS	- · · ·   - · · · · · · · · · · · · · ·				1.3								
CITY-ST-ZIP	MIAMI BEACH	I FL 33140					ST-ZIP					<del></del>	
TITLE				☐ <b>D</b> ELETE		2.1 TITLE				☐ Chang	je L	Addition	
NAME	1			· ·			2.2 NAME						
STREET ADDRESS							2.3 STREET ADDRESS 2 4 City-St-Zip						
CITY-ST-ZIP TITLE				DELET	3.1 TITLE				Chang	ge T	Addition		
NAME							3.2 NAME						
STREET ADDRESS						4	T ADDRESS						
CITY-ST-ZIP						3 4. CITY-	ST-ZIP						
TITLE				DELET	F	4.1 TITLE				☐ Chang	ge [	Addition	
NAME						4. 2 NAME	· )						
STREET ADDRESS						4.3 STREE	t address						
CITY-ST-ZIP						4.4 CITY-	SI-ZIP					<del>- , , , , , , , , , , , , , , , , , , ,</del>	
TITLE	•			☐ DELET	E	5.1 TITLE		İ		L Chang	je L	Addition	
NAME	1					5.2 NAME	}					,	
STREET ADDRESS						1	t address	i					
CITY-\$1-ZiP				T nei ei	5.4 City-ST-ZIP DELETE 6.1 TITLE					Chang	ne T	Addition	
TITLE				ר"ו הברבו			Ì			L CHAIR	ao L	☐ VOUIDOH	
MAME expect annocce						6.2 NAME	t address						
STREET ADDRESS							er. 7in						

14. Thereby 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 (Changed Chapter 607), an attachment with an address.

RICHARD SHAN- DIRECTOR

**FILED** 

May 20 1998 8:00am

Secretary of State

305-865 3357