## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

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**DOCUMENT #** 

1. Corporation Name

S00768

(9)

MONTEREY CONSTRUCTION, INC.

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Principal Place	of Business	Mailing Address			
2601 SW 96TH ST Stuart FL 34997		2601 SW 96TH ST STUART FL 34997			
	·			3. Date Incorporated or Qualified 09/17/1990	3a. Date of Last Report 07/25/1995
2. Principal Pla	ce of Business	2a. Mailing Address	-	4. FEI Number	Applied For
21 9000 S	W. PEHNSYLVANIA AVE	, [26] <b>9000 ふんし</b> .	Pennsylvania A	NE 65-0217436	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	RT FL. 34991	28 STUART	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 3499		29 34997	30	Florida Statutes	s No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New	Registered Agent
			81 Name	LAWRENCE ABRAM	15
MCORM	ACK, PETER, P		82 Street A	ddress (P.O. Box Number is Not Accepta	able)
2601 SV	V 96 ST			127 POINTE EMERA	ILD LANE
STUART	FL 34997		83		
			84 CIV		FL 85 Zip Code 33486
		1 007 4500 Florida Chab	too the above semed cor	rporation submits this statement for the property of dispeters. I hereby accept the an	roose of changing its registered office
l or register	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	da. Such change was authori ion 607.0505, Florida Statute	s.	board of directors. Thereby according the ap-	pointment as registered agent. I am
   SIGNATURE _			AWRENCE AT	Brams	4 14 19 19
	Signature, tyled or printed name of registered agent.  OFFICERS AND	• • • • • • • • • • • • • • • • • • •	OTE: Registered Agent signature re-		FICERS AND DIRECTORS IN 12
12.	PD OFFICENS AND	DELETE	1. 1 TITLE	VICE PRES D	Change Addition
NAME	ABRAMS, LAWRENCE		1.2 NAME	ABRAMS, LAWRENCE	
STREET ADDRESS	5127 POINTE EMERALD LN		1.3 STREET ADDRESS	SIZT POINTE BME	RALD LANE
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOLA RATON FL.	33486
TITLE	STD	DELETE	2 1 TITLE	•	☐ Change ☐ Addition
NAME	MCCORMACK, PETER		2.2 NAME		
STREET ADDRESS	227 SW HATTERAS COURT		2 3 STREET ADDRESS		
CITY - ST - ZIP	PALM CITY FL 34997	S-7	2.4 DITY-ST-ZIP		Change Addition
TITLE	D	DELETÉ	3 1 TITLE		Cuarde Ci vocinor
NAME	MCCLENEGHAN, CAROLYN	-	3 2 NAME		
STREET ADDRESS	16468 BRIDELWOOD CIRCLE DELRAY BEACH FL	=	3.3. STREET ADDRESS		]
CITY-ST-ZIP	DELRAT BEAUTI FL	☐ DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE	PD	Change Add-tion
1ITLE				MICLENEGHEN, WILL!	
NAME STREET ADDRESS			4.3 STREET ADDRESS	20617 H.W. 274 A	ve.
CITY-ST-ZIP			4.4 C(TY-ST-ZIP	BOLA RATON, FL.	33434
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
	r .				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_(

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VICE PRES

/4 /96 Date 407-283.5m

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Daytime Phone #