

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S02028** (6)

1. Corporation Name
STRATHMORE CONTRACTING OF FLORIDA, INC.



Principal Place of Business 901 MARTIN DAVIS BLVD STE 316 PALM CITY FL 34990 US	Mailing Address 3737 RT 112 BLDG 6 STE 2 MEDFORD NY 11763 US
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2. Principal Place of Business 21 5046 Orchid Bay Drive Suite, Apt. #, etc. 22 City & State 23 Palm City, FL Zip 24 34990	2a. Mailing Address 26 40 A.S. Mgmt Suite, Apt. #, etc. 27 PO Box 785 City & State 28 Centereach, NY Zip 29 11720	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 09/21/1990	3a. Date of Last Report 04/30/1996
4. FEI Number 11-3031971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOLDMAN, BRUNING & MILD 10570 S US HWY ONE STE 300 PORT ST LUCIE FL 34952	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE, ALFRED	1.2 NAME	Barone, Alfred
STREET ADDRESS	3237 RT 112 STE 2 BLDG 6	1.3 STREET ADDRESS	34500 Cedar Creek RD
CITY-ST-ZIP	MEDFORD NY	1.4 CITY-ST-ZIP	Hudson, MT 59846
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL TRAPANI	2.2 NAME	Michael Trapani
STREET ADDRESS	901 MARTIN DOWNS BLVD	2.3 STREET ADDRESS	5046 Orchid Bay Drive
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW SEELIN	3.2 NAME	
STREET ADDRESS	8 MAGRET ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STONY BROOK NY	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew Seelin VP 4/23/97 SK-736-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)