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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S16073 **DOCUMENT #**

(6)

CANDU CONSTRUCTION CORPORATION



Principal Place	r re	Mailing Addrson						
•	of Business	Mailing Address			•			
	SCHILD DRIVE		4964 ROTHSCHILD DRIVE CORAL SPRINGS FL 33067-4134					
US US	IINGS FL 33067-4134	US CONNE SEMINOS FI	L 3300/*4134					
00			•	•	 Date Incorporated or Qualified 11/26/1990 	3a. Date o	f Last Re 5/01/18	
2. Principal Pla	ce of Business	2a. Mailing Address	······································		4. FEI Number		/	Applied For
21		26		65-0247904		1	Vot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional	
22		27			Solution of Dialog Property			Required
City & State		City & State		6. Election Campaign Financing	П	\$5.00 May Be		
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Coun	try.	8. This corporation has liability for i		under s	199.032,
24	[25]	[29]	30		Florida Statutes Yes 10. Name and Address of New R		ant	
	9. Name and Address of Curren	t Hegistered Agent		Name	10. Name and Address of New A	efisionen wi		
	IN, RICHARD C JR.	82 Street Ad		32 Street Add	idress (P.O. Box Number is Not Acceptable)			
	OTHSCHILD DRIVE		-	33				
CORAL	. Springs FL 33067							
			8	34 City	ALLEN TO THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL ON THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OF	FL	85 Zij	o Code
					The advise the statement for the pur		ging ite r	ogietored office
ar register	ad agant or both in the State of Florid	ta. Such chasse was aufh ar	tzed hy the co	e named corpoi orporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	ointment as re	gistered	agent. Lan
familiar wit	h, and accept the obligations of Secti	on 607.0505, Florida Statute	9S.	,				
01041477157								
SIGNATURE								
	Signature, typed or printed name of registered agent			igent signatura recjultu		DATE ICERS AND E	DECTO	ES IN 12
12.	OFFICERS AND	D DIRECTORS	13.		d when relistating ADDITIONS/CHANGES TO OFF	ICERS AND [
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certify that the information indicated on this annual report or supplemental armost report is true and accurate and that his signature shall have the same legal effect as it made those 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.

MONATURE AND TYPED OR PHINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/22/96 (954) 753-7829