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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	NE DE LIE	DIVISION OF C	ORPORA	TIONS			
	MENT # SI S GROUP CONS	66251 TRUCTION CORP.	(7)					
	······································							
Principal Place of Business Mailing Address  4800 NORTH FEDERAL HIGHWAY 4800 NORTH FEDERAL HIGHWAY SUITE 200-A SUITE 200-A BOCA RATON FL 33431 BOCA RATON FL 33431-5176						1 tibitatite sem dierem firerit temmt driedt tem	e dilli filbit dilet fillis	Itan Aian (Aa)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>- *** **</b>		•			3. Date Incorporated or Qualified 07/16/1991	3a. Date of La 05/20/199	, ,
2. Principal Pla	ace of Business	2a. M	failing Address			4. FEI Number 65-0348526		Applied For Not Applicable
Suite, Apt #	, etc	S	uite, Apt. #, etc.			Certificate of Status Desired		5 Additional Required
City & State		27	City & State			6. Election Campaign Financing		00 May Be
23   Zip	Count	28 Z	lip l	Coun	itry	Trust Fund Contribution  8. This corporation has liability for	·	ers 199 032
24	25	29		30			Yes No	0, 0, 100,002,
	g, Name and Addr	ess of Current Register	red Agent			10. Name and Address of New Ro	egistered Agent	
	iens, richard			- ['	Name			
4800 N. FEDERAL HIGHWAY SUITE 200-A					Street Add	fress (P.O. Box Number is Not Acceptable)		
	A RATON FL 3343	1		jī	83			
				84 City			FL 85	Zip Code
11. Pursuant to office or re	o the provisions of Sec egistered agent, or bot	ctions 607.0502 and 607 th, in the State of Florida	.1508, Florida Statute Such change was a	s, the about	ove-named cor by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	purpose of changing the properties of the proper	ng its registered t as registered
agent Lan	n familiar with, and ac	cept the obligations of, §	Section 607.0505, Fig	rida Statu	tes			
SIGNATURE		ne of registered agent and title if a			Agent signatura requ	aired when reinstaling)	DATE	
12.	D	OFFICERS AND DIRECT	ORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
TITLE   NAME	SIEMENS, RICHAI	RD.	L_ OLLEGE	1.2 NAA	1			
STREET ADDRESS	4800 N FED HWY				EET ADDRESS			
City - St - ZiP	<b>BOCA RATON FL</b>			1	r-ST-ZIP			
TITLE			☐ DELETE	2.1 TITL	.E		Chai	nge 🔲 Addition
NAME				2.2 NAA	AE }			
STREET ADDRESS				2.3 STR	EET ADDRESS			}
CHY-ST-ZIP			DELETE	_	Y-ST-21P		Char	nge Addition
TITLE			C) OLLEIC	3.1 TITL 3.2 NAM	ì		LJ Orac	ige notition
STREET ADDRESS				- 6	EET ADDRESS			· .
CITY-\$1-ZIP				· ·	Y-ST-ZIP			
TITLE			DELETE	4.1 TITE			☐ Cha	nge
NAME				4. 2 NA	ME .	•		
STREET ADDRESS				4.3 STR	EET ADORESS	•		
CITY-S1-7IP			The second		r-ST-ZIP		1105	an I Addison
TITLE			L_ DELETE	5.1 117	}		Char	nge L. Addition
NAME FREEZ ADDOCCO				5.2 NAM				
STREET ADDRESS					EET ADORESS Y-ST-ZIP			Ţ
CITY - ST - ZIP TITLE			DELETE	61 TITL			Cha	nge Addition
NAME				6.2 NAM	AE			
STREET ADDRESS				6.3 STR	EET ADDRESS			
CITY - ST - ZIP				6.4 CiT	Y-51-ZIP			
14. I do hereb information I am an of appears in	ly certify that the inform indicated on this and ficer or director of the in Block 12 or Block 13	mation supplied with this nual report or supplymen corporation of he deel of changed by on an att	filing does not qualifital adhual report is to very trustee empow address with an add	y for the erue and ac ered to ex lress.	exemption state ocurate and the ecute this rep	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	es. I further certify al effect as if made Statutes; and that	that the e under oath; that my name

SIGNATURE

LUNG SHELLE SHEET OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0311990

**FILED** 

May 08 1997 8:00am

Secretary of State