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

1996 DOCUMENT #

1. Corporation Name

S75007

(2)

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Larnrkal	CUMMOPHUJAL	CONSTRUCTION	IINU.

Principal Place of Business Mailing Address						- L 1051/110 111 1000/	Altıl Belli AB	IJI IBBI BIBI DI	QU 1100 010		ı			
CLEARWATER FL 34622		CLEARWATER FL 346	2400 114TH TERRACE N CLEARWATER FL 34622		r - 5-5-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7									
		05	US			3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1991 04/18/1995			•					
2. Principal Pla	ice of Business		2a.	Mailing Address					4. FEI Number			F	pplied For	
21			26						59-3083419	}			lot Applicable	Ð
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.					5. Certificate of Status I	Desired		Fee F	Additional Required	
City & State			28	City & State					6. Election Campaign Fi Trust Fund Contribut	ion		Added	May Be I to Fees	
Zip		Country	<u> </u>	Zιρ		ıntry			8. This corporation has			k under s	1 9 9.032,	
24		25 29 30				Florida Statutes 10. Name and Address		No No	\ant		՝			
	9. Name and	Address of Current	Regis	stered Agent		81	Name		10. Name and Address	C 1	eðisteten v	- Geur		\dashv
PD: 415						Ľ			DAMACY.	74	Vin_	K		_
	er, steven r					82	Stree	Addre	ss (P.O. Box Number is N	t Acceptab	(le)	Jan.		
	CHATEAU DR.					83	717	XO-1	nrandi.	1.1U)) W	zuy		\dashv
ULEAH	WATER FL 34	610							•					_
		40 kg		27.500 Et 11.01.1		84	City	C	leanouser	for the our	FL			
11. Pursuant to or registere	a the provisions of ed agenty or both	of Sections 31/10502 i, in the State of Florid	and 60 a. Such	h change was authorize	ed by the	corpo	iameo oration	s board	tion submits this statement t of directors. I hereby acce	pt the app	pose of cha pintment as	registered	agent. I am	~
familiar with SIGNATURE.	h, and accept the	Dille	0								4-1	5.91	<u>e</u>	_
	Signature, typed or prin				TE: Registere	1 Ageni	t signatur	banit par e	whice reinstating) ADDITIONS/CHANGI	ES TO OFF	DATE ICERS AND	DIRECTO	BS IN 12	£
12.	D	OFFICERS AND	DIREC	DELETE	_	TITLE			ADDITIONS/OFFAINGE	ES TO OFT		Change	Addition	CR2E034 (12/95)
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CITY-ST-ZIP	<u></u>				641	CITY-S	1 - ZIP	Ц						

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 of 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, of on an attractment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-596

813-57137W