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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77351

3-D CONSTRUCTION, INC.

(2)

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						s gaderate ein cabre reste mitte tibl atutt dibit bibit dibit dibit fibit
1624 SCOTT COURT 1624 SCOTT COUR						
GULF BREEZE FL 32561		GULF BREEZE FL 32561				
	•					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						08/29/1991
· ·	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26	26			59-3082647 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Co	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No
<u></u>	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent
NIS	W ON GER, DIONNE			81	Name	
162	4 \$ COTT COURT			82	01	Addition (D.O. Brown) and the state of the s
	LF BREEZE FL 32561			02	Street A	Address (P.O. Box Number is Not Acceptable)
				83	·	
				84	City	FL 85 Zip Code
11. Purcuant	to the provisions of Sections 607.05	02 and 607 1509. Elorido Statuto	on the e	have	namada	
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 Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.	o Ager	I signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P A/	DELETE	1.1 1	TIE		PRESIDEN M Change Addition
NAME	NISWORGER, PAUL /	iofe:	1.2 N		l.	PRESIDENT Addition NISWONGER, PAUL
STREET ADDRESS	1624 SCOTT CT NAME			1.3 STREET ADDRESS SA		SAME AS IN BLOCK 12
CITY-ST-ZIP			i i			3// 100 11 1/2
TITLE	D NG	DELETE		TY-ST	- ZIP	VIOC DOS IDENTE I O DOMENTO
NAME	OULF BREEZE FL 32561 MISS POLLETE NISWORKER, DIONNE 1624 SCOTT CT MISS POLLETE MISS POLLETE MISS POLLETE			21 TITLE V		VICE PRESIDENT +D Change MAddition NISWONGER, DIONNE
	1624 SCOTT CT	MISSPELLER	1			NISWONGER, DIONNE
STREET ADDRESS	GULF BREEZE FL 32561	•			ADDRESS	SAME AS IN BLOCK 12
CITY-ST-ZIP				ITY-ST	r-ziP	
TITLE		DELETE 3.1				☐ Change ☐ Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 ST	REET A	ADDRESS	
CITY-ST-ZIP				IIY-SI	- ZIP	
TITLE	DELETE 4.11		4.1 TI	TLE		☐ Change ☐ Addition
NAME			4.2 N	AME	ì	
STREET ADDRESS			4.3 \$1	REET A	ODRESS	
CITY-ST-ZIP			4.4 CITY - ST		- ZIP	
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NA	AME		
STREET ADDRESS			5.3 ST	REE1 A	DDRESS	
CITY-ST-ZIP			5.4 CI	TY-ST-	- ZIP	
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NA	ME	- 1	
STREET ADORESS					DDRESS	
CITY-ST-ZIP			1	TY-ST-	1	-
			0.4 0	11-01-	. TH.	

14. Thereby 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 of the receiver or trustee employmental 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