

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 APR -1 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V08971 (6)

1. Corporation Name

CAPITAL CONTRACTING GROUP, INC.

Principal Place of Business

Mailing Address

P. O. BOX 692005  
ORLANDO FL 32869  
US

P. O. BOX 692005 N/A  
ORLANDO FL 32869  
US

REINSTATEMENT 90-97

3. Date Incorporated or Qualified 01/22/1992	3a. Date of Last Report 05/11/1995
4. FEI Number 59-3101255	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

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25

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27

28

29

30

City & State

Zip

Country

10. Name and Address of New Registered Agent

SNYZYK, JOSEPH C.  
11237 SCENIC VIEW LANE  
ORLANDO FL 32821

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

March 24, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP	<input type="checkbox"/> DELETE
NAME MCKINNON, MICHAEL	
STREET ADDRESS 11237 SCENIC VIEW LANE	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE VP/ D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME George King	
1.3 STREET ADDRESS 11237 Scenic View Ln.	
1.4 CITY-ST-ZIP Orlando, FL. 32821	
2.1 TITLE President/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Joseph C. Snyzyk	
2.3 STREET ADDRESS 11237 Scenic View Ln.	
2.4 CITY-ST-ZIP Orlando, FL. 32821	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE 100002131401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME -04/02/97-01042-013	
4.3 STREET ADDRESS ****915.00 ****915.00	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph C. Snyzyk

March 24, 1997 407-239-4009

Date

Daytime Phone #