SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE 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

DOCUMENT # V09659

1. Corporation Name

Construction Consultants of Palm Beach, Inc.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 1-28-92
3a. Date of Last Report: 4-17-95

2. Principal Place of Business	2a. Mailing Address
21 5904 Timber Valley Dr.	26 P.O. Box 6199
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Worth, Fl.	28 City & State: Lake Worth, Fl.
24 Zip: 33463 25 Country: USA	29 Zip: 33466 30 Country: USA

4. FEI Number: 65-0311101 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Sapir, M. RIchard 1645 P.B. Lakes Blvd. Ste. 1200 West Palm Beach, Fl. 33401	81 Name: Rauch, Norman 82 Street Address (P.O. Box Number is Not Acceptable): 3450 S. Ocean Blvd. #522 83 84 City: Palm Beach, FL 85 Zip Code: 33480

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: Norman Rauch 8-1-96
(Signature of new registered agent, if changed, required) (Print Registered Agent's name, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	11 TITLE	D ☒ Change ☐ Addition
NAME	Rauch, Norman	12 NAME	Rauch, Norman
STREET ADDRESS	5904 Timber Valley Dr.	13 STREET ADDRESS	3450 S. Ocean Blvd.#522
CITY-ST-ZIP	Lake Worth, Fl. 33463	14 CITY, ST, ZIP	Palm Beach, Fl. 33480
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY, ST, ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY, ST, ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY, ST, ZIP	
TITLE	☐ DELETE	51 TITLE	☒ Change ☐ Addition
NAME		52 NAME	000001912730
STREET ADDRESS		53 STREET ADDRESS	-08/05/96--01038--019
CITY-ST-ZIP		54 CITY, ST, ZIP	***225.00
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY, ST, ZIP	

8-5-96 JM

CR2E034 (3/96)

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)(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 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: Norman Rauch 8-1-96 966-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number