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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

ZEUS CONSTRUCTION, INC.

FILED

Apr 23 1998 8:00am

Secretary of State

Maiting Address

	4949-16 SUNBEAM ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257						
PIONOGIVIE	MONODITIES 15 SEED				DO NOT WRITE IN THIS SPACE		
				03/09	corporated or Qualified 5/1992		
	lace of Business	2a. Mailing Address	1 0	4. FEI Nun		 	Applied For
Suite, Apt.	1.3 Sunbeam Rol	26 9999. #, etc.	nbeam R	g. <u>597</u>	3108998		Not Applicable Additional
22		27		5. Certifica	ate of Status Desired	7	Required
City & State	sonville, FL	City & State 28 Jacksony;	ا آ ما ا	<u> </u>	Campaign Financing und Contribution		O May Be d to Fees
Zip	Country	Zip	Country	B. This cor	rporation owes or has pa		
24 522	SO 25 USA	29 32257 30	USA		al Property Tax due June		No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Name Name							
4040 46 CUNDEAM DOAD					Number is Not Accepta	hlo	
JACKSONVILLE FL 32257				11949.3	Sunbeam		
			83		• • •	•	
	\hat{a}		84 City	Jackson	wille	FL 85 3	22.57
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both in the State of grapping with, and acceptable obligat	and 607 1508, Florida Statutes,	the above-named	corporation submit	s this statement for the	purpose of changing	its registered
agent. I a	ramiliar with, and acceptable obligat	ions of, Section 607.0505, Floric	la Statutes.	ocidion o board or	Az	Λ	\ \
SIGNATURE (Signature, typed or printed name of registered agent	AND the it applicable (NOTE: B	Penstered Arient signature	required when re-netating)	16	April AG	<u> </u>
12,	OFFICERS AND		13.		NS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	PANTARAS, DEMOS		1.2 NAME		٥ ١	٠,	l'
STREET ADDRESS	4949-16 SUNBEAM ROAD		1.3 STREET ADDRESS	प्रमुप्त र	Sunbeam	िक् <i>र</i>	Į.
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	1.4 CITY-ST-ZIP		 ,	Change	Addition
TITLE NAME		☐ prrest	2.1 TITLE 2.2 NAME			Change	ADDIGITOR
STREET ADDRESS			23 STREET ADDRESS				i
CITY-ST-ZIP			2. 4 CITY+ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	e Addition
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STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			L Change	Addition
NAME			4. 2 NAME				
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CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			Change	Addition
NAME		C. DELETE	5.2 NAME			C Onlange	Austron
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. I hereby certily 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 angular eport or supplemental angual 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 coloporation of the receiver for 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 chapter 607, an affectivent with an address.