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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20908

(2)

Mailing Addross

IVAN CONSTRUCTION INC.

Principal Place of Business

5558 EAST AVE

**DELEON SPRINGS FL 32130** 

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May 09 1997 8:00am								
Secretary of State								

Zip Code

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P.O. BOX 702 DELEON SPRINGS FL 32130 US			P.O. BOX 702 DELEON SPRINGS US	FL 32130-0702					
						3. Date Incorporated or Qualified			
						03/11/1992		07/24/1996	
2.	Principal Place	e of Business	2a. Mailing Addre	2a. Mailing Address		. FEI Number	-1	Applied For	
21			26			59-3112176		Not Applicable	
22	Suite, Apt. #, e	eic.	Suite, Apt. #,	etc.	5.	. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip	Country 25	Zip 29	Country 30	8.	This corporation has liability for in Florida Statutos	ntangible ta Yes		
9. Name and Address of Current Registered Agent					10	Name and Address of New Reg	gistered A	gent	
	BRADLI	EY. FLOYD		81 Name					

1. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

83 | 84 | City

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

SIGNATURE DA1E Signature: typod or printed name of registered agent and title if applicable (NOTE Registered Agen) signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE **PVST** 1.1 TITLE Change Addition TITLE BRADLEY, FLOYD 1.2 NAME NAME CR2E034 5556 E AVE 1.3 STREET ADDRESS STREET ADDRESS **DELEON SPRINGS FL** 1.4 CITY - \$1 - 7IP CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 THLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 DHY-S1-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 \$TREFT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby 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 eath; that I am an officer or director of the corporation or the receiver or truster 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, or on an attachment with an address.

SIGNATURE: But Mande

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