FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48942** **(9)**

1. **THODE CONSTRUCTION AND PROPERTY MANAGEMENT, INC.**

Principal Place of Business	Mailing Address
1500 WEST SAMPLE ROAD SUITE 1194 POMPANO BEACH FL 33064	1500 WEST SAMPLE ROAD SUITE 1194 POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1992
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0346598 — 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 Florida Statutes: Yes / X No

2. Principal Office Address 21 / 22 / 23 / 24 / 25
2a. Mailing Address 26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

THODE, STEVEN
1500 W. SAMPLE ROAD
#1194
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

D
THODE, STEVEN
1500 W SAMPLE RD #1194
POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Change / Addition (×6)

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] STEVEN THODE 5/5/95 305 970-1328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107768 CP