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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

חחרו	1996 WENT # 1/000	DIVISION C	o com onam				
1. Corporati	JMENT # V6208 CONSTRUCTION AND MAIN	` '			i jedij enjero diki kari edmi idia	Orin Bigip Bigin Brai	
Principal Plac	ce of Business	Mailing Address					
14015 LAKE	MAGDALENE BLVD.	14015 LAKE MAGDALE	CARE DI VO				
TAMPA FL 3		TAMPA FL 33618	THE DLAD.				
					3. Date Incorporated or Qualified		•
· 	Place of Business	2a, Mailing Address			09/04/1992 4. FEI Number	05/01	/1995 Applied For
1		26			59-3144227		Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
City & Sta	tte	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zφ	Country	Zip	Country	,	8. This corporation has liability for	intangible tax un	
4	25 9. Name and Address of Curr	29 29 Agent	30		Florida Statutes	s 🔀 No	
		Ant tradition of Adole	81	Name	10. Name and Address of New F	Registered Age	<u>1t</u>
SMITH, EVELYN H.			82				
14015 LAKE MAGDALENE BLVD.					ress (P.O. Box Number is Not Acceptable)		
TAMPA	FL 33618		83				
			L1	1			
			84	City		FL 85	
ICNIATI IDE		over our recor, i fonda biatore.	tes, the above-need by the corpo	named corpor oration's boar	ration submits this statement for the pur and of directors. I hereby accept the app	rpose of changing ointment as regis	1 '
IGNATURE	Signature, typed or printed name of registered age	over our recor, i fonda biatore.	tes, the above n	named corpor oration's boar	od when reinstating)	rpose of changing cointment as regis	g its registered office stered agent. I am
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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: EVELYN SMITH BULLYN
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER O

813-960-4565