FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	996	DIVISION OF C	ORPORATIONS		
DOCUM 1. Corporation		8 (4)			
	CONSTRUCTION INC.				4844 B1814 B1814 B1814 B1811 B1811 B1811 4884
Principal Place	of Business	Mailing Address		*	IBIL BIBII BIBII BIBII BIBIF BIBII BIBII (600)
22535 GROUPER COURT BOCA RATON FL 33428		22535 GROUPER COURT BOCA RATON FL 33428			
BOUA RATUN	FL 33920	BOOK HATON 71 SONED		3. Date Incorporated or Qualified	3a. Date of Last Report
				10/07/1992	08/10/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0362148	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for i	
24	25		30	Florida Statutes Yes 10. Name and Address of New R	□ No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Hame and Address of Novi II	og.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.
POTTER, CHRISTOPHER A.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
22535 GROUPER CT.			83		
BUCA H	ATON FL 33428				
			84 Gity		FL 85 Zip Code
or registers	ed agent, or both, in the State of Flor	rida. Such change was authorizek	, the above named corpo I by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of changing its registered office ointment as registered agent 1 am
familiar with	n, and accept the obligations of. Sec	otion 607,0505, Florida Statutes.	, ,		·
SIGNATURE	Sgrafon i typed or predest halve of n.y. con i faye	raylandanik kor insite	. Builderal Agent signature o que		DATE
12.		ND DIRECTORS DELETE	13.	ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	D Potter, Christopher A.	[] DECER	1 2 NAME		C Change C Material
STREET ADDRESS	22535 GROUPER CT.		1.3 STREET ADORESS		
CHTY - ST - ZIP	BOCA RATON FL	,, ,	1.4 CITY - ST - ZIF		
TITLE	D	DELETE	2 1 TITLE		Change Maddillion
NAME	POTTER, TOBI A.		2 2 NAME		
STREET ADDRESS	22535 GROUPER CT. BOCA RATON FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DOUX NATUR FL	☐ DELETE	2.4 CHY+ST+ZIP 3.1 TiTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		:
CITY - ST - Z-P			3.4 CHTY - ST - ZIP		
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		□ DELETE	4.4.0 (Y - SI - ZIP 5.1.1 (LEF		☐ Change ☐ Addition
NAMÉ		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6 1 DILE		Cnange Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP	and it, that the information surplies	ducto this files is actual ask, furnis	6.4 City - ST ZiP	for the exernation stated in Section 119	07(3)(k). Florida Statutes I further

-ST-ZIP

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)(k), 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 requirer 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 agrattachment with an aridiness.

CHASTORIES.

OFFICE OFFIC

SIGNATURE: ___