

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

**FILED**

**Apr 07 1997 8:00am  
Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # K09042 (8)**

1. Corporation Name  
**FAIRBANKS CONSTRUCTION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>5700 NW 71 TERRACE<br/>PARKLAND FL 33067</b> | Mailing Address<br><b>5700 NW 71 TERRACE<br/>PARKLAND FL 33067-1204</b> |
|--|---|

|   |                  |                         |                  |  |  |
|---|------------------|-------------------------|------------------|--|--|
| 2. Principal Place of Business                  |                  | 2a. Mailing Address     |                  | 3. Date Incorporated or Qualified<br><b>12/22/1987</b>       | 3a. Date of Last Report<br><b>05/01/1996</b>           |
| 21. Suite, Apt. #, etc.                         | 22. City & State | 26. Suite, Apt. #, etc. | 27. City & State | 4. FEI Number<br><b>65-0023782</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 23. Zip   | 25. Country      | 29. Zip                 | 30. Country      | 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |
| 9. Name and Address of Current Registered Agent |                  |                         |                  | 10. Name and Address of New Registered Agent                 |  |

9. Name and Address of Current Registered Agent

**WHITE, ROBERT A.  
9337 WEST SAMPLE RD.  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

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

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PTD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERTOLAMI, DENNIS F.</b>                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>5700 NW 71 TER.</b>                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PARKLAND FL</b>                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VSD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BERTOLAMI, MARGARET J.</b>              | 2.2 NAME  |   |
| STREET ADDRESS             | <b>5700 NW 71 TER.</b>                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PARKLAND FL</b>                         | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 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 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: *Margaret Bertolami* **MARGARET BERTOLAMI** 3/31/97 (954) 753-6920  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)