

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L66910** (5)

1. Corporation Name
FAGAN CONSTRUCTION, INC.



Principal Place of Business Mailing Address
7714 BLAIRWOOD CIRCLE S LAKE WORTH FL 33467

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 04/19/1990	3a. Date of Last Report 06/14/1995
4. FEI Number 65-0196879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FAGAN, KERRY B
7714 BLAIRWOOD CIRCLE SOUTH
~~**PARK CENTRE, SUITE 203, 440 ROYAL PALM WAY**~~
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81	Name	KERRY B. FAGAN, PRES.
82	Street Address (P.O. Box Number is Not Acceptable)	
83	City	7714 BLAIRWOOD CIR. S.
84	City	LAKE WORTH
85	Zip Code	FL 33467

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

Signature, typed or printed name of registered agent and title if applicable

DATE

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, KERRY B.	2. NAME	
STREET ADDRESS	7714 BLAIRWOOD CIR S.	3. STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	4. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, KEVIN S.	6. NAME	
STREET ADDRESS	7351 SE FIDDLEWOOD LANE	7. STREET ADDRESS	
CITY - ST - ZIP	HOBE SOUND FL	8. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAGAN, WILLIAM L., JR.	10. NAME	
STREET ADDRESS	5355 FEARNLEY RD	11. STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL	12. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY - ST - ZIP		16. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY - ST - ZIP		20. CITY - ST - ZIP	

14. 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 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: *Kerry B. Fagan* **KERRY B. FAGAN** 4/1/96 407-967-1264

CR2E034 (12/95)