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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 653285

(7)

## MCWILLIAMS CONSTRUCTION CORP.

FILED Apr 03 1997 8:00am Secretary of State



Principal Place of Business 1780 A1A 209 SATELLITE BCH FL \$2937 US 2. Principal Place of Business 21		Mailing Address	Mailing Address					
		1790 N A1A. STE 206 1790 N A1A. STE 209						
		SATELLITE BCH FL 32903-2806 US		3. Date Incorporated or Qualified 01/16/1980	3a. Date of Last 02/14/1996			
		2a. Mailing Address 26			4. FEI Number 59-1976737	<del></del>	Applied For Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for in Florida Statutes	ntangible tax under Yes \(\bar{\}\) No	s. 199.032,	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Reg	gistered Agent		
M	ICWILLIAMS, DAVID T.		81	Name				
17	790 N A1A STE 209		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
S	ATELLITE BCH. FL 32937		83		NAME OF THE OWNER OWNER OF THE OWNER OWNE		· · · · · · · · · · · · · · · · · · ·	
					·	·		
l			84	City		FL 85 Zir	o Code	
SIGNATUE	Signature, typical or persoid name of registered OFFICERS /	AND DIRECTORS	Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	ORS IN 12	
TELE	PSD	DELETE	1.1 TITLE			Change	Addition	
NAME	MCWILLIAMS, DAVID T.		1.2 NAME					
STREET ADDRE			1.3 STREET	ADDRESS				
CHY ST-ZIP	SATELLITE BCH. FL		1.4 CITY - S	T-ZIP				
11111		DELETE	2.1 TITLE			Change	Addition	
EWA/A			2.2 NAME					
STREET ADDRE	255		2.3 STREET					
TITLE		DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP		- Change	Additio	
NAME			3.2 NAME			□ oueuñe	L. Additio	
STREET ADDRE	FSS		3.3 STRE€1	ADDRESS	•			
City-St-ZiP			3.4 CITY-					
TITLE		DELETE	4.1 TeTLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Additio	
NAME:			4. 2 NAME		•			
STREET ADDRE	:53		4.3 STREET	ADDRESS				
CITY - ST - ZIP			4.4 CITY - 5	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Additio	
NAME		+	5.2 NAME		•			
STREET ADDRE	:85		5.3 STREET					
CITY - ST - ZIP TIDLE		DELETE	5.4 CITY - 5	T-ZIP		[ ] AL	A didition	
NAM?			6 1 TITLE			Change	: L. Addition	
STREET ADDRE	22.		6.2 NAME 6.3 STREET	ADDRESS				
CITY-ST-ZIP	1.00.1							
MILL - 21 - 516.	1		6.4 CITY - S	1~ £IP				

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 chapted, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE DAVES T. M. Williams 3/26/97

407-777 - SDS