

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 719901

(1)

1. Corporation Name

OPERATING ENGINEERS LOCAL UNION #487 HOLDING COMPANY, INC.

Principal Place of Business

Mailing Address

1425 N.W. 36TH ST.
MIAMI FL 33142

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MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1970

3a. Date of Last Report

03/08/1994

4. FEI Number

23-7181548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

ALLBRITTON, JAMES O.

82. Street Address (P.O. Box Number is Not Acceptable)

5600 S.W. 166 AVENUE

83.

FORT LAUDERDALE, FL 33331

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 *James O. Allbritton*

JAMES O. ALLBRITTON

4/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	GOLD, LEON E.
STREET ADDRESS	2990 POINT E. DR. #C-10+
CITY, ST, ZIP	MIAMI FL
TITLE	SD
NAME	WATERS, GARY
STREET ADDRESS	9101 S.W. 54TH ST.
CITY, ST, ZIP	COOPER CITY FL
TITLE	PD
NAME	SPARKS, T R
STREET ADDRESS	3790 SW 68TH AVE
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	ALLBRITTON, FLOYD
STREET ADDRESS	7990 W. 16TH LANE
CITY, ST, ZIP	HALEAH FL
TITLE	SD
NAME	MAXWELL, WILLIAM R.
STREET ADDRESS	12220 N.W. 21ST CT.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	ALLBRITTON, JAMES O
STREET ADDRESS	5600 SW 166 AVE
CITY, ST, ZIP	FT LAUDERDALE FL

11 TITLE	SD	☒ Change ☐ Addition
12 NAME	BRABHAM, DAMON K.	
13 STREET ADDRESS	P.O. BOX 17976	
14 CITY, ST, ZIP	PLANTATION, FL 33317	☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	VD	☒ Change ☐ Addition
42 NAME	SINGER, SCOTT	
43 STREET ADDRESS	7921 NOREMAC AVENUE	
44 CITY, ST, ZIP	MIAMI BEACH, FL 33141	☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 Sections 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Scott Singer

SCOTT SINGER

4/10/95 (305) 634-3419

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Signature Number 2)