

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719901 (1)

1. Corporation Name
OPERATING ENGINEERS LOCAL UNION #487 HOLDING COMPANY, INC.



Principal Place of Business: 1425 N.W. 36TH ST. MIAMI FL 33142
Mailing Address: 1425 N.W. 36TH ST. MIAMI FL 33142

3. Date Incorporated or Qualified: 12/16/1970
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7181548	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ALLBRITTON, JAMES O.
5600 SW 166 AVENUE
FORT LAUDERDALE FL 33331

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRABHAM, DAMON K.	12 NAME	
STREET ADDRESS	P.O. BOX 17976	13 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	14 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERS, GARY	22 NAME	
STREET ADDRESS	9101 S.W. 54TH ST.	23 STREET ADDRESS	
CITY - ST - ZIP	COOPER CITY FL	24 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, T R	32 NAME	
STREET ADDRESS	3790 SW 68TH AVE	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, SCOTT	42 NAME	
STREET ADDRESS	7921 NOREMAC AVENUE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL	44 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, WILLIAM R.	52 NAME	
STREET ADDRESS	12220 N.W. 21ST CT.	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLBRITTON, JAMES O	62 NAME	
STREET ADDRESS	5600 SW 166 AVE	63 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James O. Allbritton* James O. Allbritton, D 2/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (305) 634-3419

CR2E037 (12/95)