

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738901 (8)

1. Corporation Name

CONSTRUCTION ASSOCIATION OF FLORIDA, INC.



Principal Place of Business 3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309	Mailing Address 3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309
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3. Date Incorporated or Qualified 05/05/1977
4. FEI Number 59-0611422
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent SIEGLE, JOHN C. 3550 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code FL
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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	P M SCOTT WHIDDON 2627 S ANDREWS AVE FT LAUDERDALE FL	1.1 TITLE	D M. Scott Whiddon 2627 S Andrews Ave Ft. Lauderdale FL
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP THOMAS WELSH 3400 SW 26TH TERR. FT. LAUDERDALE FL	2.1 TITLE	S/T Don Marks 4951 SW 36th St Ft. Lauderdale FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GLENWINKEL, GARY 6300 NW 5TH WAY FT. LAUDERDALE FL	3.1 TITLE	DVP Robert Mitchell 1000 Corporate Dr., Ft. Laud FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FEE, DAVID 730 NW 57 PLACE FT LAUDERDALE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DVP MILLER, HARLEY 614 S. FEDERAL HIGHWAY FT LAUDERDALE FL	5.1 TITLE	P Harley Miller 614 S Federal Hwy Ft. Laud, FL
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ED SIEGLE, JOHN 3550 NW 9 AVENUE FT LAUDERDALE FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)