

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S77225** (8)
1. Corporation Name
ORBIT DIVERSIFIED CONTRACTORS INC.

Principal Place of Business Mailing Address
**20 NE 45 STR
POMPANO BCH FL 33064
US** **20 NE 45 ST
POMPANO BCH. FL 33064
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/29/1991** 3a. Date of Last Report **03/31/1994**

4. FEI Number **65-0288293** 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAWES, JAMAL
20 NE 45 ST
POMPANO BCH. FL 33064**

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 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)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **DAWES, JAMAL**
STREET ADDRESS **20 NE 45 ST**
CITY ST ZIP **POMPANO BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **VP Kelly Dawes**
1.3 STREET ADDRESS **3351 S.W. 3rd St.**
1.4 CITY - ST - ZIP **Deerfield Bch. FL 33442**

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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Jaw* **4/25/95** x(jaw) **785.0454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR