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

CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 386333 **S-W CONSTRUCTION COMPANY**

(9)

FILED Mar 14 1997 8:00am Secretary of State

Principal Place of Business 13880 NW 19TH AVENUE BAY 1 OPA LOCKA FL 33054 US		Mailing Address 13680 NW 19TH AVENUE BAY 1 OPA LOCKA FL 33054-4210 US		3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1996			
21	Place of Business	2a. Mailing Address 26			4, FEI Number 59-1371874	Applied Fo	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additions Fee Required	al
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	·
Zip 24	Country 25 9, Name and Address of Currer	7ip 29	Country [30]		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X yes No 10. Name and Address of New Registered Agent		2,
SUT	TON, RUSSELL R	ii negistereo Agent	81	Name	10. Name and Address of New Reg	istered Agent	
13680 NW 19TH AVENUE Bay 1-a				Street Add	ress (P.O. Box Number is Not Acceptabl	e)	
	1-A VII FL		83		Address to the contract of the		
	· -		64	City		FL 85 Zip Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligation.	⊧of Horida. Such change was	s authorized b	y the corpora	poration submits this statement for the pution's board of directors. I hereby accep	rnose of changing its registe	ored ed
SIGNATURE							
12.	Signature: typed or printed name of registered age OFFICERS AN		OTE Gradeneo Ag	ent signature requi	neo when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 THILE		TO STATE OF THE	Change Ado	
NAME	SUTTON,R R		1.2 NAME				
STREET ADDRESS	19020 WEST LAKE DRIVE		1.3 STREE	ADDRESS	·		
CITY-ST-ZIP TITLE	MIAMI LAKES FL TD	DELETE	1.4 CITY - : 2.1 TITLE	61 - ZIP			100
NAME	MATERIAL AND A SI		2.2 NAME			Change Add	THOU !
STREET ADDRESS	16505 LOCHNESS CT		2.3 S18EE	ADDRESS			
CITY-ST-ZIP	HIALEAH FL		2 4 CI1Y-				
TITLE		DETELL	3.1 101.0			Change Add	Sition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE		DELFTE	3.4. CITY-	S1 - 7IP		Change Add	lition
NAME			4 2 NAME			Fin quantic Fin you	m(FOIT
STREET ADDRESS			4.3 STREET	AODRESS			ļ
CITY-SI-ZIP			4.4 Cily - 5				
TITLE		DELETE	5.1 3111.6			Change Add	fition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRECT	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	1-70			130.00
TITLE		FINITE	DELETE 6.1 TITLE			Ctiange Add	lition
NAME expect address			G.2 NAME	AUDDLCC			
STREET ADDRESS			6.3 STREET	ADDRESS			

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 logal effect as if made under eath; 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.