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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 534435

(3)

DARRELL V. MUIR CONSTRUCTION, INC.

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		FILEI)
Feb	10	1997	8:00am
Se	ecre	tary c	of State

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Principal Place of Business Mailing Address									
4401 NW 3RD BOCA RATON		4401 NW 3RD AVE. BOCA RATON FL 33431-4111							
						3. Date Incorporated or Qualified 05/20/1977		te of Last)8/1996	
	lace of Business	2a. Mailing Addres	s			4. FEI Number	<u> </u>	1	Applied For
21		26				59-1741431			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.			5. Certificate of Status Desired			Additional Required
City & Stat	е	City & State				6. Election Campaign Financing) May Be
23	Country	28	Cou			Trust Fund Contribution			to Fees
Zip 24	25.	Z(p)		шиу		8. This corporation has fiability for in Florida Statutes		tax under] No	s. 199.032,
24]	g. Name and Address of Curre	29	30	1		10. Name and Address of New Reg			
181	IR,DARRELL V.			81	Name	10, 110110 4110 11010 11011 1101	,10101007		
	INW 3RD AVE		i				·- · · · · · · · · · · · · · · · · · ·		
	CA RATON FL 33431			82	Street Add	ress (P.O. Box Number is Not Acceptabl	e)		
000	ON PATOR I E 00101		١	83					
				84	City			85 Zip	Code
						poration submits this statement for the pition's board of directors. I hereby accep	FL		
SIGNATURE	m familiar with, and accept the obli-	gent and title it applicable	(NOT: Registere			ved when reinstating)	DATE	DIDECTO	
TITLE	PD OFFICERS A	ND DIRECTORS DELE	13. 11 11	71.6		ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	
NAME	MUIR,DARRELL V.	Dett	12 N					L_1 Change	AUUIIIII
STREET ADDRESS	4401 N.W. 3RD AVE.				ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		1		1 · 7IP				
TITLE	D	DELE			11-211			Change	Addition
NAME	MUIR,ANN C.		2.2 N						
STREET ADDRESS	4401 N.W. 3RD AVE.		1		ADDRESS				
CITY-ST-ZIP	BOCA RATON FL				SI - ZIP				
TITLE		DELE					a 1	☐ Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 ST	THEET	ADDRESS				
CITY-ST-ZIP				HY- 5	S1-ZIP				
TITLE		☐ DELE	TE 4.1 Tr	116				Change	Addition
NAME			4. 2 N	IAME					
STREET ADDRESS			4351	IREFI	ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————			i - ZiP			Па	11
TITLE		L DELE						[] Change	Addition
NAME			5.2 N/						
STREET ADDRESS					ADORESS				
CITY-ST-ZIP		DELE		•	1 - ZIP			Change	A.A.Bi.s.
TITLE		LJ DELE				•		∟ ∪nange	Addition
NAME CARGET ADDRESS			62 N		Apparen				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	by partify that the information county	ad with this filing does no			I - ZIP	d in Section 110 07/2V(). Claride Statutes	I foreth ox	postifu the	4 11-0

I do nereby certify that the information supplied with this rhing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.