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 # 597037

(1)

ABC CUTTING CONTRACTORS, INC.

Principal Place of Business

Mailing Address

BODI ANDREWS AVENUE POMPANO BEACH FL 33089 2001 ANDREWS AVENUE POMPANO BEACH FL 33069-1420

APPROVED AND FILED 97 JUL 18 AMII: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA



							 Date Incorporated or Qualified 12/12/1978 	3a, Date		eport		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	06/07				
21		26				59-1521513				plied For		
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				08-102 10 10			t Applicable		
22			·				5. Certificate of Status Desired			Additional equired		
City & Stat	e .	City & State				6. Election Campaign Financing		\$5.00	May Be			
23						Trust Fund Contribution Added to Fee						
Zip	Country	Zip)	Counti	'Y	8. This corporation has liability for intangible tax under s. 199.032.						
24	25 29 30				Florida Statutes Yes No							
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
	LY, BRADFORD J			8.	Name							
790 E. BROWARD BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 200					2000022459476							
FT. LAUDERDALE FL 33301					700022459476 -07/23/9701138002							
				84	City:		****165	*	KRW15	ระกา		
				-],	•		FL	ľ	1		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statut	es, the above	ve-named	corpora	ation submits this statement for the p	urpose of ch	anging it	s 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/amiliar with, and accept the obligations of, Section 697,0505, Florida Statutes.												
SIGNATURE		w	ully									
1	Signature, typed or printed name of registered ag			E: Registered Ag	gont signature	required v	rhen reinstaling)	DATE				
12.	OFFICERS AN	D DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC					
TIPLE			1.1 TITLE		1-		/·L	Change	Addition 2			
NAME				1.2 NAME								
STREET ADDRESS				1.3 STREE	TADDRESS		`	/		[
CITY-ST-ZIP				1.4 CITY-	ST-ZIP			<u> </u>		8		
TITLE	ST		☐ DELETE	2.1 TITLE			\ /	_	Change	Addition C		
NAME	MCCOY, FAITH			2.2 NAME			\ /					
STREET ADDRESS				23 STREE	T ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL			2. 4 CITY-	ST-ZIP							
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NAME	MOCOY, TERRY			3.2 NAME			\ /			ĺ		
STREET ADDRESS	2001 ANDREWS AVENUE			3.3 STREE	T ADDRESS		\ /					
CITY-ST-ZIP	POMPANO BEACH FL		Prod	3.4. CITY -	ST-ZIP		\/		···			
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STREET ADDRESS				4.3 STREE	1 ADDRESS		/ \					
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STREET ADDRESS		\		6.3 STREE	T ADDRESS	A.		\				
CITY-ST-ZIP				6.4 CITY-	ST-ZIP		/	,	\			
14. I do hereb	by certify that the information supplie	d with this fil	ing does not qualif	y for the exe	emption st	lated in	Section 119.07(3)(i), Florida Statutes	. I further ce	rtify that t	he		

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.