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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 614589 (O) FLORIDA TRADERS & CONTRACTORS, INC.						(1), 81811 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1), 11 (1)	
Principal Place of Business 12768 165 ROAD NORTH JUPITER FL 33478 US		Mailing Address 12768-165 ROAD NORTH JUPITER FL 33478 US					
		-			3. Date Incorporated or Qualified 02/26/1979	3a. Date of Last Repo 05/01/1996	orl
<del></del>	Place of Business	2a. Mailing Address	├ <del></del> -1			<u> </u>	ed For
Suite, Apt.	# etc	Suite Apt. #. etc.			59-2972949	CO 75 Add	pplicable
22	n, 515.	27)			5. Certificate of Status Desired	Fee Requi	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 Ma	
23	Country		Coun	des	Trust Fund Contribution	Added to F	
24	25	29	30	ıı y	<b>B.</b> This corporation has liability for i	ntangible tax under s. 19 Yes 🚺 No	9.032,
<u> </u>	9. Name and Address of Cu		301		10. Name and Address of New Re		
	TT, EDWARD J		8	Name			
	SW 62ND PLACE		1	Street Add	Iress (P.O. Box Number is Not Acceptab	le)	
MIAX	AI FL <b>3</b> 3143		L			<u> </u>	
			. [8	33			Į
			1	34 City		FL 85 Zip Coo	ie
11. Pursuant office or a	to the provisions of Sections 607 registered agent, or both, in the Sections for the complete with and second the complete with a second the compl	0502 and 607.1508, Florida Statute State of Florida, Such change was a obligations of Specien 607.0505, Florida	es, the about	ove-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept		egistered pistered
SIGNATURE	an ramiliar with, and accept the c	onigations or, Section 607.0506, Fix	ilioa Statu	105.			
	Signature, typed or punted name of registers	ed agent and little if applicable (NOTE	Registered ,	Agent signature requ	eired when reinstating)	DATE	
12.	OFFICERS	S AND DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC		N 12 Addition
TITLE NAME	OLDEV DOUBLD II		1.1 TITL	1		L_1 change L	_ Addition   {
STREET ADDRESS	5900 S.W. 62ND PLACE		1.2 NAME 1.3 STREET ADDRES				
CITY-ST-ZIP	MIAMI FL		4	-ST-ZIP			[]
TITLE	7	DELETE	2.1 TITLE			Change	Addition
NAME	SCOTT, EDWARD J.		2.2 NAME				l
STREET ADDRESS	5900 S.W. 62ND PLACE		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL	F prints	****	Y-S1-ZIP		- H	1.400
TITLE NAME	S Carey, Maria Dawn	LT DELETÉ	DELETE 3.1 TITLE 3.2 NAME			L_  Change L	_ Addition [
STREET ADDRESS	5900 SW 62 PLACE			EET ADDRESS			]
CITY-ST-ZIP	MIAMI FL		1				1
TITLE		DELETE	3.4. C/TY-ST-ZIP 4.1 TITLE			Change	Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				<b>-</b>
TITLE		[_] DELETE	5.1 TITLE			Change	J Addition
NAME			5.2 NAM				
STREET ADDRESS			1	ET ADDRESS			1
CITY-ST-ZIP :		5.4 DELETE 61		-ST-ZIP		Change	Addition
NAME			6.2 NAM				
STREET ADDRESS				EFT ADDRESS			
CITY OT 740				01 710			

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 legal effect as if made under oath; that I am an officer or director of the exporation or the receiver or trusfed empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attacty lenf with an address.

SIGNATURE: CHINDLA STON COWARD I SCOTT 08/06/92 56174