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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORFORATIONS

DOCUMENT # 1. Corporation Name	F40834	(6)
JACK DALEY CONS	TRUCTION COMPANY	

3. Date Incorporated or Qualified 3a. Date of Last Report

Principal Place of Business	Place of Business
1400 NW 9TH AVE #6	

BOCA RATON FL 33486

Mailing Address

1400 NW 9TH AVE., #6 BOCA RATON FL 33486

			08/18/1981	06/06/1995
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
7	26		59-2131020	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip Country 25	Zip 3	Country 30	8. This corporation has liability for i Florida Statutes	
9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
		81 Name		
DALEY, JOHN F 1400 NW 9TH AVE., #6		82 Street	Address (P.O. Box Number is Not Acceptab	le)
BATON RATON FL 33486		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, typed or printed name of registered agent and title if applicable.	(NOTE: Fingestureo Agent signatura requir	red when reinstating. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS		
TITLE	DP DELF	TE 1.4 THILE	Change : Addition
NAME	DALEY, JOHN F	1.2 NAME	
STREET ADDRESS	1400 NW 9TH AVE #6	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY-ST-7IP	
TITLE	DELE	TE 2 1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 C(TY - S1 - Z(P	
TITLE	DELE	3 1 TILE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3. STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELE	TE 4 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	
THILE	□ DEFE	TE 5. 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS	1	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 City - St - ZiP	
TITLE	DELE	ETE 6 1 1ITUF	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
OITH OT THE		6.4 CITY_ST_7IP	

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 119.07(3)(k), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an all achment with an address.

SIGNATURE

NATURE AND TYPED OR PRIVIED NAME OF MENING OFFICER OR DIRECTOR

1/96 407-398-5417

CR2E034 (12/95)