

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

12

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

97 SEP 11 11 08 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # G66968 (0)
1. Corporation Name
RAYMOND J. ANTONUCCI GENERAL CONTRACTORS, INC.

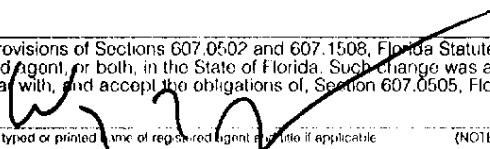
Principal Place of Business C/O WILLIAM N. PLATZER, C.P.A. 300 N.W. 70TH AVENUE, STE. 200 PLANTATION FL 33317	Mailing Address C/O WILLIAM N. PLATZER, C.P.A. 300 N.W. 70TH AVENUE, STE. 200 PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 NW 82ND AVE. Suite, Apt. #, etc. 22 405 City & State 23 PLANTATION, FL Zip 24 33324 Country 25 USA		2a. Mailing Address 26 300 NW 82ND AVE. Suite, Apt. #, etc. 27 405 City & State 28 PLANTATION, FL Zip 29 33324 Country 30 USA		3. Date Incorporated or Qualified 10/27/1983	3a. Date of Last Report 04/12/1996
				4. FEI Number 59-2337637	Applied For <input type="checkbox"/> Not Appl cable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PLATZER, WILLIAM N 300 N.W. 70TH AVENUE SUITE 200 PLANTATION FL 33317				10. Name and Address of New Registered Agent	
				81 Name WILLIAM N. PLATZER	
				82 Street Address (P.O. Box Number is Not Acceptable) 300 NW 82ND AVE.	
				83 SUITE 405	
				84 City PLANTATION	85 Zip Code FL 33324

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  DATE **8/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONUCCI, RAYMOND J	1.2 NAME	
STREET ADDRESS	300 N.W. 70TH AVE., STE. 200	1.3 STREET ADDRESS	300 NW 82ND AVE., SUITE 405
CITY-ST-ZIP	PLANTATION FL 33317	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONUCCI, ELIZABETH M	2.2 NAME	
STREET ADDRESS	300 N.W. 70TH AVE., STE. 200	2.3 STREET ADDRESS	300 NW 82ND AVE., SUITE 405
CITY-ST-ZIP	PLANTATION FL 33317	2.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900002294009--3
STREET ADDRESS		4.3 STREET ADDRESS	-09/16/97--01027--005
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	AD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, changed, or on an attachment with an address.

CR2E034 (4/97)