

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 CORPORATIONS

DOCUMENT # **G82827** (8)

1. Corporation Name

JJW CONSTRUCTION, INC.

Principal Place of Business

**189 N. STATE ROAD 7
P.O. BOX 16298
PLANTATION FL 33318**

Mailing Address

**189 N. STATE ROAD 7
P.O. BOX 16298
PLANTATION FL 33318**



2. Principal Place of Business

2a. Mailing Address

21 **1670 W. McNab Road**

26 **1670 W. McNab Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

Zip

Country

Zip

Country

24 **33309**

25

29 **33309**

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/02/1984

3a. Date of Last Report

02/02/1995

4. FEI Number

59-2364113

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**WELBAUM, R. EARL
901 PONCE DELEON BV
PENTHOUSE STE
MIAMI FL 33134-0009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

CT

☒ Change ☐ Addition

NAME **WALSH, JOSEPH J.**
STREET ADDRESS **189 NO STATE ROAD 7**
CITY-STATE-ZIP **PLANTATION FL**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

DP

☒ Change ☐ Addition

NAME **WALSH, THOMAS F.**
STREET ADDRESS **10003 WINDING LAKE RD.**
CITY-STATE-ZIP **SUNRISE FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

DVS

☒ Change ☐ Addition

NAME **GOFFAR, DENNIS L.**
STREET ADDRESS **1147 S.W. 149 LANE**
CITY-STATE-ZIP **SUNRISE FL**

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

V

☐ Change ☐ Addition

NAME **HEMMINGER, MICHAEL J**
STREET ADDRESS **4860 NORTHEAST 18 AVE**
CITY-STATE-ZIP **FT LAUDERDALE FL**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

V

☐ Change ☒ Addition

NAME

Donald G. Dollar

STREET ADDRESS

1670 W. McNab Road

CITY-STATE-ZIP

Ft. Lauderdale, FL 33309

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

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 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.

SIGNATURE: **Thomas F. Walsh**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

(954)970-0211

Date

Office Phone #

CR2E034 (12/95)