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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G82827** (8)

1. Corporation Name
JW CONSTRUCTION, INC.



Principal Place of Business
**1670 W MCNAB ROAD
FT LAUDERDALE FL 33309
US**

Mailing Address
**1670 W MCNAB ROAD
FT. LAUDERDALE FL 33309-1001
US**

3. Date Incorporated or Qualified 02/02/1984	3a. Date of Last Report 04/08/1996
4. FEI Number 59-2364113	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent WELBAUM, R. EARL 901 PONCE DELEON BV PENTHOUSE STE MIAMI FL 33134-0009	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOSEPH J.	12 NAME	
STREET ADDRESS	1670 W MCNAB ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	14 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, THOMAS F.	22 NAME	
STREET ADDRESS	731 NW 101ST TERRACE	23 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	24 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFFAR, DENNIS L.	32 NAME	
STREET ADDRESS	3233 NE 34TH STREET, #1218	33 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	34 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMMINGER, MICHAEL J	42 NAME	
STREET ADDRESS	4860 NORTHEAST 18 AVE	43 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	44 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD G DOLLAR	52 NAME	
STREET ADDRESS	1670 W MCNAB ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 if checked, or in an attached list with an address.

SIGNATURE: **DENNIS L. GOFFAR** 1/7/97 (954) 920-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. Date Daytime Phone #

CR2E034 (9/96)