

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G82827

1. Corporation Name

JJW 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
US

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90033 037 *****158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1984

4. FEI Number

59-2364113

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.



Yes



No

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

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 signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	WALSH, JOSEPH J.	
STREET ADDRESS	1670 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WALSH, THOMAS F.	
STREET ADDRESS	731 NW 101ST TERRACE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GOFFAR, DENNIS L.	
STREET ADDRESS	3233 NE 34TH STREET, #1216	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEMMINGER, MICHAEL J	
STREET ADDRESS	4860 NORTHEAST 18 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DONALD G DOLLAR	
STREET ADDRESS	1670 W MCNAB ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] DENNIS L GOFFAR 1/18/99 (954) 970-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)