

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 # H22207 (5)

1. Corporation Name

JAY-CUE CONSTRUCTION CO., INC.



Principal Place of Business

Mailing Address

% BERNARD D. CANARICK, ESQ.
1776 N. PINE ISLAND RD., SUITE 118
PLANTATION FL 33322
US

% BERNARD D. CANARICK, ESQ.
1776 N. PINE ISLAND RD., SUITE 118
PLANTATION FL 33322
US

3. Date Incorporated or Qualified

09/21/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 8411 W. OAKLAND PK BV. #202

City & State

23 Sunrise FL

Zip

24 33351

Country

25 USA

2a. Mailing Address

26

8411 W. OAKLAND PK BV.

Suite, Apt. #, etc.

27 Suite 202

City & State

28 Sunrise FL

Zip

29 33351

Country

30 USA

4. FEI Number

59-2450645

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CANARICK, BERNARD D., ESQ.
1776 N. PINE ISLAND RD.
SUITE 118
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

SAME

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

8411 W. OAKLAND PK BV.

83

Suite 202

84 City

SUNRISE

FL

85 Zip Code

33351

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, if applicable, (b)(3)(k) Registered Agent Signature required when not state g.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME QUAREGNA, JOSEPH M.
STREET ADDRESS 10171 SUNSET STRIP
CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD QUAREGNA, JOSEPH M.
1180 NW 133 TERR
SUNRISE, FL.

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: JOSEPH M. QUAREGNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

jm Quaregna

5/1/96

Date

954-749-1034

Daytime Phone #

CR2E034 (12/95)