

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H39423** (9)

1. Corporation Name
LUBBERS CONSTRUCTION INC.



Principal Place of Business: **4348 NE 5 AVENUE FT LAUDERDALE FL 33334**
 Mailing Address: **4348 NE 5 AVENUE FT LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **01/24/1985**
 3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-28)
 24. Zip, 25. Country
 29. Zip, 30. Country

4. FEI Number: **59-2509071**
 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: **LUBBERS, R.G. JR. 3000 N. FED. HWY. NO. 2 FT LAUDERDALE FL 33306**
 10. Name and Address of New Registered Agent (81-85)

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LUBBERS, MICHAEL R.		2. NAME:	
STREET ADDRESS: 2910 N.E. 23 CT.		13. STREET ADDRESS:	
CITY-ST-ZIP: PAMPANO BEACH FL		14. CITY-ST-ZIP:	
TITLE: VPD	<input type="checkbox"/> DELETE	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LAIL, DONALD K.		22. NAME:	
STREET ADDRESS: 2741 NE 20 ST.		23. STREET ADDRESS:	
CITY-ST-ZIP: FT LAUDERDALE FL		24. CITY-ST-ZIP:	
TITLE: STD	<input type="checkbox"/> DELETE	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LUBBERS, SUSAN M		32. NAME:	
STREET ADDRESS: 2910 NE 23 CT		33. STREET ADDRESS:	
CITY-ST-ZIP: POMPANO BCH FL		34. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY-ST-ZIP:		44. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY-ST-ZIP:		54. CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6. 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 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: *[Handwritten Signature]* DATE: **2/15/96** **954-368-9434**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Susan M Lubbers**

CR2E034 (12/95)