

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33334-3104
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/24/1985	3a. Date of Last Report 02/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2509071	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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. Name **Michael R Lubbers**

82. Street Address (P.O. Box Number is Not Acceptable)
4348 NE 5th Avenue

83. City **Ft. Lauderdale FL**

84. Zip Code **33306**

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 *Michael R Lubbers*
 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	PD	<input type="checkbox"/> DELETE
NAME	LUBBERS, MICHAEL R.	
STREET ADDRESS	2910 N.E. 23 CT.	
CITY-ST-ZIP	PAMPANO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LAIL, DONALD K.	
STREET ADDRESS	2741 NE 20 ST.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUBBERS, SUSAN M	
STREET ADDRESS	2910 NE 23 CT	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 changed, or on an attachment with an address.

SIGNATURE: *Susan M Lubbers* **4/16/97 02465942U**

CR2E034 (9/96)