

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 # H80927 (7)

1. Corporation Name

C. S. W. CONSTRUCTION, INC.



Principal Place of Business

**5220 N.W. 163RD ST.
HIALEAH FL 33014
US**

Mailing Address

**5220 N.W. 163RD ST.
HIALEAH FL 33014
US**

3. Date Incorporated or Qualified
10/15/1985

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

21 **New Address**
22 Suite **13050 N.E. 16th Ave**
23 **North Miami, FL 33161**
24 Zip Country

2a. Mailing Address

26 **New Address**
27 Suite **13050 N.E. 16th Ave**
28 **North Miami, FL 33161**
29 Zip Country

4. FEI Number

59-2534345

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

**WEISBERG, S. A.
5220 N.W. 163RD ST.
MIAMI FL 33014**

10. Name and Address of New Registered Agent

81 Name **WEISBERG, S. A.**
82 Street Address **New Address**
13050 N.E. 16th Ave
83 **North Miami, FL 33161**
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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEISBERG, SANFORD A.	
STREET ADDRESS	5220 N.W. 163RD ST.	
CITY - ST - ZIP	HIALEAH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, JEANETTE D.	
STREET ADDRESS	8300 N.W. 172ND ST.	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEISBERG, SANFORD A.	
1.3 STREET ADDRESS	13050 N.E. 16th Ave	
1.4 CITY - ST - ZIP	N. MIAMI, FL 33161	
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	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FELDMAN, SHARON	
3.3 STREET ADDRESS	56 BAL BAY DRIVE	
3.4 CITY - ST - ZIP	BAL HARBOUR, FLORIDA 33154	
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

305-891-3889
Daytime Phone #

CR2E034 (12/95)