

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 # J26129 (3)

1. Corporation Name

ROCKWELL CONSTRUCTION CORPORATION



Principal Place of Business

2420 NORTH ANDREWS AVENUE EXTENSION  
SUITE 200  
POMPAÑO BEACH FL 33064

Mailing Address

2420 NORTH ANDREWS AVENUE EXTENSION  
SUITE 200  
POMPAÑO BEACH FL 33064

3. Date Incorporated or Qualified  
07/25/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-2738767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SPATZ, GREGORY L.  
2420 N ANDREWS AVE  
SUITE 200  
POMPAÑO, BCH, FL 33064

10. Name and Address of New Registered Agent

81 Name

SCARBOROUGH, ALBERT B.

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

2420 N. ANDREWS AVE. #200

83

84 City

POMPAÑO BEACH

FL

85 Zip Code  
33064

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*Sandra B. Morham*  
Signature typed or printed name of registered agent and date of knowledge

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	SPATZ, GREGORY L.	
STREET ADDRESS	2420 N. ANDREWS AVE 200	
CITY-ST-ZIP	POMPAÑO BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCARBOROUGH, ALBERT B.	
STREET ADDRESS	2420 N. ANDREWS AVE 200	
CITY-ST-ZIP	CORAL SPRINGS 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCARBOROUGH, ALBERT B.	
1.3 STREET ADDRESS	2420 N. ANDREWS AVE #200	
1.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANDREWS, THOMAS	
2.3 STREET ADDRESS	2420 N. ANDREWS AVE. #200	
2.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DUNDAS, LISA	
3.3 STREET ADDRESS	2420 N. ANDREWS AVE #200	
3.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GNESIN, JEFF	
4.3 STREET ADDRESS	2420 N. ANDREWS AVE. #200	
4.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEANNIE SPATZ	
5.3 STREET ADDRESS	2420 N. ANDREWS AVE. #200	
5.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GREGORY SPATZ	
6.3 STREET ADDRESS	2420 N. ANDREWS AVE. #200	
6.4 CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	

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 118.07(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:

*Sandra B. Morham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

305-977-7000

Daytime Phone #

CR2E034 (12/95)