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 # **J26346** **(3)**

1. Corporation Name
NORTHEAST CONTRACTORS, INC.

Principal Place of Business
C/O RICAHRD E WALLACE
641 N.E. 33RD STREET. #16
POMPANO BEACH FL 33064
US

Mailing Address
C/O RICAHRD E WALLACE
641 N.E. 33RD STREET. #16
POMPANO BEACH FL 33064
US

2. Principal Place of Business	2a. Mailing Address
21 Richard E Wallace	26 Richard E Wallace
Suite, Apt. #, etc. 22 885 N.E. 30 ct.	Suite, Apt. #, etc. 27 885 N.E 30 ct.
City & State 23 Fort Lauderdale Fl.	City & State 28 Fort Lauderdale Fl.
Zip 24 33334 Country 25	Zip 29 33334 Country 30

3. Date Incorporated or Qualified: 07/28/1986
3a. Date of Last Report: 08/11/1995
4. FEI Number: 59-2700300 ☐ 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**
WALLACE, RICAHRD E
641 N E 33RD ST #16
POMPANO BEACH FL 33064

10. **Name and Address of New Registered Agent**
81 Name: Wallace Richard E
82 Street Address (P.O. Box Number is Not Acceptable): 885 N.E 30 ct.
83 Fort Lauderdale Fl
84 City FL 85 Zip Code 33334

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	PT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, RICAHRD E		1.2 NAME	
STREET ADDRESS	1807 NE 28TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, BERNICE		2.2 NAME	
STREET ADDRESS	1807 NE 28TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALLACE, BERNICE		3.2 NAME	
STREET ADDRESS	1807 N.E. 28TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Richard E Wallace [signature] 1-24-96 305 564 3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)