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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT (	Secre	Secretary of State  DIVISION OF CORPORATIONS		
DOCUMENT # K5	7800 (0)			
1. Corporation Name A & W CONSTRUCTION C	ORP.			
Principal Place of Business	Mailing Address			ANT RIGHT BIRTH BIRTH BIRTH RIVIN BIRTH SART
% Glenn Wright, Jr. 112 Rose Dr.	% GLENN WRIGHT, J 112 Rose dr.	R.		
FT. LAUDERDALE FL 33316	FT. LAUDERDALE FL	33316	Date Incorporated or Qualified	3a. Date of Last Report
			01/12/1989	04/18/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-0101341	Applied For
Suite, Apt. #, etc.	<b>26</b>			Not Applicable  \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	□ \$5.00 May Be Added to Fees
Zip Country	Zφ	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 25 Name and Address	29 of Current Registered Agent	30	Florida Statutes Yes  10. Name and Address of New Re	
<u>,                                    </u>		81 Name	IQ. Hallo and Address of Hell He	gradied regult
WRIGHT, GLENN, JR.		82 Street Addre	ess (P.O. Box Number is Not Acceptable	9)
112 ROSE DR. FT. LAUDERDALE FL 33316		83		
F1. LAUDENDALE FL 30310				
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections or registered agent, or both, in the Statemiliar with, and accept the obligation      SIGNATURE  Signature, byterior price or neuron re-	ns of, Section 607.0505, Florida Statute	zed by the corporation's boar is.		intment as régistered agent. I am
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
AAM WRIGHT, GLENN, JF	DELETE	1 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 112 ROSE DR.	1.	1.2 NAME 1.3 STREET ADDRESS		
CHY-SI-ZIP FT. LAUDERDALE FI		14 CITY - ST - ZIP		
NAME AHNERT, ROBERT	☐ DELFTE	2 1 TITLE		Change Addition
STREET ADDRESS 112 ROSE DR.		2.2 NAME 2.3 STREET ADDRESS		
CHY ST-ZIP FT. LAUDERDALE FI	<u> </u>	2.4 CITY - ST - ZIP		
MAME WRIGHT, PATRICIA	☐ ĐELETE	3 1 THILE		☐ Change ☐ Addition
STREET ADDRESS 112 ROSE DR		32 NAME 33 STREET ADDRESS		
CTY: ST-ZP FT LAUDERDALE FL		3.4 CHY-ST-ZIP		
1 TLF	DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CHY St ZIP		4.4 CITY - ST - ZIP		
TI'LE	☐ DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS		5.2 NAME 5.3 STREET ADDRESS		
CHTY+ST-ZIF	er wennere i i i i i i i i i i i i i i i i i i	5.4 CITY-ST-ZIP		
TIFLE	DELETE	6 1 TITLE		Change Addition
NAME STIFELL ADDRESS	~	6 2 NAME 6 3 STREET ADDRESS		
C(TY - ST - 7)P		6 4 CITY - ST - ZIP		
14. I do hereby certify that the information certify that the information included po oath; that I an an officer or director a appears in Block 12 or Block 13 if ch	f the corporation of the receiver or trust	ee empowered to execute thi	or the exemption stated in Section 119.0 to and that my signature shall have the s s report as required by Chapter 607, Fic	)7(3)(k), Fiorida Statutes. I further same legal effect as if made under rida Statutes; and that my name
<b>/</b> '	In IX W	4		
SIGNATURE:	NO TYPED OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date	Deyt⊪ie Phone #