

DOCUMENT # M12894				
1. Entity Name ACORD CONSTRUCTION COMPANY				
Principal Place of Business 4914 S.W. 27TH AVENUE FORT LAUDERDALE FL 33312		Mailing Address 4914 S.W. 27TH AVENUE FORT LAUDERDALE FL 33312-6028		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				
DIAMOND, GARY W. 4914 S.W. 27TH AVENUE FORT LAUDERDALE FL 33312			Name	
			Street Address ()	
			City	
8. The above named entity submits this statement for the purpose of changing its registered office or register				
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
11. OFFICERS AND DIRECTORS				
TITLE	TS DIAMOND, MARY LOUISE 4914 S.W. 27TH AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	P DIAMOND, GARY W. 4914 S.W. 27TH AVENUE FT. LAUDERDALE FL	<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
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TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.1 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Mary L. Diamond</u> <u>Mary L. Diamond</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

SIGNATURE: Mary L. Diamond Mary L. Diamond 3/1/00 (954) 983-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)