

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M33340** (4)

1. Corporation Name

J.W. BUSH FORMING CONTRACTORS, INC.



Principal Place of Business: **23555 S.W. 120 AVE. 13899 BISCAYNE BLVD. SUITE 105 MIAMI FL 33181-1637 US**

Mailing Address: **C/O IRA R. SHAPIRO 13899 BISCAYNE BLVD. SUITE 105 MIAMI FL 33181-1637**

3. Date Incorporated or Qualified: **06/09/1986**

3a. Date of Last Report: **08/14/1995**

4. FEI Number: **59-2680520**

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

21. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

22. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

23. Name and Address of Current Registered Agent

24. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **SHAPIRO, IRA R 13899 BISCAYNE BLVD. SUITE 105 MIAMI FL 33181**

10. Name and Address of New Registered Agent: **SHAPIRO, IRA R 13899 BISCAYNE BLVD. SUITE 105 MIAMI FL 33181**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: PD	NAME: BUSH, JAMES WARREN	11 TITLE: <input type="checkbox"/> DELETE	11 CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 23555 SW 120 AVE.	CITY-STATE-ZIP: PRINCETON FL 33032	12 NAME: _____	12 CHANGE: _____
STREET ADDRESS: _____	CITY-STATE-ZIP: _____	13 STREET ADDRESS: _____	13 CHANGE: _____
TITLE: _____	NAME: _____	14 CITY-STATE-ZIP: _____	14 CHANGE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	NAME: _____	21 TITLE: VP	21 CHANGE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	NAME: _____	22 NAME: BUSH, DANIEL	22 CHANGE: _____
TITLE: _____	NAME: _____	23 STREET ADDRESS: 23555 SW 140 Ave.	23 CHANGE: _____
TITLE: _____	NAME: _____	24 CITY-STATE-ZIP: Princeton, FL 33032	24 CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	31 TITLE: _____	31 CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	32 NAME: _____	32 CHANGE: _____
TITLE: _____	NAME: _____	33 STREET ADDRESS: _____	33 CHANGE: _____
TITLE: _____	NAME: _____	34 CITY-STATE-ZIP: _____	34 CHANGE: _____
TITLE: _____	NAME: _____	41 TITLE: _____	41 CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	42 NAME: _____	42 CHANGE: _____
TITLE: _____	NAME: _____	43 STREET ADDRESS: _____	43 CHANGE: _____
TITLE: _____	NAME: _____	44 CITY-STATE-ZIP: _____	44 CHANGE: _____
TITLE: _____	NAME: _____	51 TITLE: _____	51 CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	52 NAME: _____	52 CHANGE: _____
TITLE: _____	NAME: _____	53 STREET ADDRESS: _____	53 CHANGE: _____
TITLE: _____	NAME: _____	54 CITY-STATE-ZIP: _____	54 CHANGE: _____
TITLE: _____	NAME: _____	61 TITLE: _____	61 CHANGE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	62 NAME: _____	62 CHANGE: _____
TITLE: _____	NAME: _____	63 STREET ADDRESS: _____	63 CHANGE: _____
TITLE: _____	NAME: _____	64 CITY-STATE-ZIP: _____	64 CHANGE: _____

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: _____ DATE: **JAN 29 1996 3052586265**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)