## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52751

(8)

Mailing Address

DESIGN AND CONTRACT ASSOCIATES, INC.

JS 2. Principal Piace of Business				3. Date Incorporated or Qualified		
Principal Place of Business				05/27/1987	3a. Date of La 05/01/19	
a consequence que con countries.	2a. Mailing Address			4. FEI Number	L	Applied For
]	26			59-2817038		Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 [ 7	75 Additional e Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip Country	<i>7</i> ip	Co	untry	8. This corporation has liability for i		der s. 199.032,
25	29	30			Yes 🔀 No	
g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
COCHRAN, HERBERT J.			81 Name			
11705 SW 103 AVE			82 Street Adde	ress (P.O. Box Number is Not Acceptab	ole)	
MIAMI FL 33176						
			83			
			84 City		<b></b>	Zip Code
11. Pursuant to the provisions of Sections 607.05					FL °°	
office or registered agent, or both, in the Stati agent. I am familiar with, and accept the oblig SIGNATURE	e of Florida. Such change was gations of, Section 607.0505, F	authorize Torida Sta	ed by the corporal atutes.	tion is board of directors. I hereby accept	ot the appointme	ni as registered
Signature Hypodion proceed him is of registered as			ed Agent signature requi		DATE	
	VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
OCCUPAN HERRETT I	☐ DELETE	1.11	1		☐ Cha	inge L Addition
COCHRAN, HERBERT J.			NAME			
STREET ADDRESS 11705 SW 103 AVE.			STREET ADDRESS			
DITV-ST-ZIP MIAMI FL	DELETE		CITY-ST-ZIP		Cha	inge Addition
ITLE P AME COCHRAN, SHEILA	[ ] DETEIL	217			CIR	inge <u>i n</u> oniton
44705 014 400 415			NAME	•		
LAFA KAL PL		1	STREET ADDRESS	9.5		
ODY-ST-ZIP MUAMI FL	☐ DELETE		City-St-ZIP Title		☐ Che	ange Addition
NAME			NAME			
STREET ADORESS			STREET ADDRESS			
CITY-SI-ZIF		1 "	CITY-ST-ZIP			
ITTE	DELETE	4.1 7			Cha	nge Addition
NAME		4. 2	NAME			
STREET ADORESS		4.3 \$	STREET ADDRESS			
CITY-ST-ZIF		4.4 (	CITY-ST-ZIP			
MILE	DELETE	5.11	TITLE		Cha	inge L Addition
NAME.		5.21	NAME			
STREET ADDRESS		5.3 9	STREET ADDRESS			
CITY - ST - ZIP		5.4 (	CITY-ST-ZIP			
TITLE	☐ DELETE	6.1	TITLE		☐ Cha	ange Addition
NAME		6.2 1	NAME			
STREET ADDRESS		6.3 9	STREET ADDRESS			
DITY+ST-ZIP		6.4 (	CITY-ST-ZIP			
14. I do hereby certify that the information supplied						

HERREIZT J. COCHRAN SECRETARY 2-11-77 305-235-9181