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

PROFIT CORPORATION ANNUAL REPORT

1997

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M98106

(1)

EAST-WEST CONSTRUCTION, INC.

Principal Pla	ce of Business	N	Mailing Address 1853 KINGS AVENUE JACKSONVILLE FL 32207-8759				I CARLOCKIE VION VOICHT TOURT TURKY DAVID DIT		ELI BIBIL A1811		
1853 KINGS JACKSONVILI											
							3. Date Incorporated or Qualified	3a. Dat	e of Last R	eport	
-							09/08/1988	05/0	1/1996		
2. Principal	Place of Business	26	 Mailing Address 				4. FEI Number			plied For	
21		26					59-1725477		No	t Applica	
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Add Fee Requi				
City & State		28	City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees					
Zip 24	Country 25	29	Zip	30 Co.	intry		8. This corporation has fiability for Florida Statules	intangible I		199 032	
<u></u>	9. Name and Address	of Current Regis	stered Agent	1	T		10. Name and Address of New Registered Agent				
SM	IITH, JR. C				81	Name					
	53 KINGS AVE				82	Street Ac	ddress (P.O. Box Numbor is Not Accepta	hla)			
	CKSONVILLE FL 32207					Oliect Ac	or section in the section with the section	ыеј			
					83						
					84	City		FL	85 Zip (Code	
office o agent. I	registered agent, or both, in am familiar with, and accept	the State of Flor	ida. Such change w	zas authorize	d by	the corpa	orporation submits this statement for the ration's board of directors. I horeby acce	nurpose of	changing it bintment as	s register registere	
SIGNATURE	Signature, typed or printed name of r	egistered agent and life	e if applicable	(NO1L Flagistere	d Age	nt signature re	guired when reinstating)	DATE			
12,	OFFI	CERS AND DIRE	C1ORS	13.	_ <u>_</u>	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TITLE	\$		☐ DFLETE	1.1 🏋	TLE				Change	Addi	
NAME	SMITH, CARL MELVIN	JR .		1.2 N	AME						
STREET ADDRES	1113 TIBER AVE			135	TREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			1.4 C	TY-S	T-ZIP					
TITLE	VTD		DELETE	2.1 Ti	TLE				Change	☐ Addil	
NAME	SMITH, CARL MELVIN,	, JR.		2.2 N	AME						
STREET ADDRESS				2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			2.40	HTY-S	51 - ZIP					
TITLE			☐ DELETE	3.1 7∂	TLE				Change	Addit	
NAME				3.2 N	AME						
STREET ADDRESS	s			3.3 S	TREFT	ADDRESS					
4	1										

FILED May 13 1997 8:00am Secretary of State



Applied For Not Applicable

					FL_				
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					·	·			
	Signature, typed or printed name of registered againt and title if app		Flegistered Agent signature		DATE	VOCATAR	0.161.40		
12,	OFFICERS AND DIRECTOR	DELETE	13.	AUDITIONS/CHAN	IGES TO OFFICERS AND D				
TITLE .	S.	☐ DELETE	1.1 TIPLE		L.	Change	Addition		
NAME :	SMITH, CARL MELVIN JR		1.2 NAME						
STREET ADDRESS	1113 TIBER AVE		13 STREET ADDRESS				Į		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP						
TITLE	VTD	DELETE	2.1 TITLE			Change	☐ Addition		
NAME	SMITH, CARL MELVIN, JR.		2.2 NAME						
STREET ADDRESS	1113 TIBER AVE.		2.3 STREET ADDRESS				}		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 T/TLE			Change	Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			34. CITY - \$1 - ZIP						
TITLE		DELETE	4 1 AITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS)		
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		■ DELETE	51 TITLE	···		Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 \$1REFT ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP				ļ		
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 does not qualify for the exemption stated in Section 1.19 07(3)(i). 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 attribute an address.									