

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29117 (1)

1. Corporation Name
AMERICAN SUBCONTRACTORS ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 1311 SE 21ST TERRACE P O BOX 0008 Delete P.O. Box CAPE CORAL FL 33906-0008 US	Mailing Address P.O. BOX 60069 P O BOX 60069 FT. MYERS FL 33906-6069 US <i>ok</i>
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3. Date Incorporated or Qualified 11/03/1988	3a. Date of Last Report 06/12/1996
4. FEI Number 65-0085710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33990 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent CARR, DEBRA L 1311 SE 21ST TERRACE CAPE CORAL FL 33990	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICHTER, MARK	1.2 NAME	
STREET ADDRESS	8554 CRYSTAL CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONC, VINCE	2.2 NAME	
STREET ADDRESS	5101 PINE ISLAND RD.	2.3 STREET ADDRESS	1130 Pondella Rd.
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	N. Ft. Myers, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, KAREN	3.2 NAME	
STREET ADDRESS	2355 EAST MALL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLER, TERRY	4.2 NAME	
STREET ADDRESS	18601 LANTANA RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, BARBARA	5.2 NAME	
STREET ADDRESS	2350 CRYSTAL RD. 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, TERRANCE	6.2 NAME	
STREET ADDRESS	1100-15 METRO PKWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 of Block 12 if changed, or in an attachment with an address.

SIGNATURE: *Debra L Carr* *Debra L Carr* 01/24/97 (941) 772-5531

CR2E037 (9/96)