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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **N29117 (1)**

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



Principa. Place of Business
1311 S.E. 21ST TERRACE
CAPE CORAL FL 33990
US

Mailing Address
P.O. BOX 60069
P O BOX 60069
FT. MYERS FL 33906-0069
US

3. Date Incorporated or Qualified
11/03/1988

4. FEI Number
65-0085710

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **P.O. Box 9268**
27 Suite, Apt. #, etc.
28 **Fort Myers, FL**
29 **33902-9268**
30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
TITLE	PD	1.1 TITLE	PD
NAME	STICHTER, MARK	1.2 NAME	Vince Hone
STREET ADDRESS	8554 CRYSTAL CT.	1.3 STREET ADDRESS	1130 Pondella Rd
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	N. Fort Myers, FL 33903
TITLE	VD	2.1 TITLE	SD
NAME	HONC, VINCE	2.2 NAME	Karen Price
STREET ADDRESS	1130 PONDELLA RD.	2.3 STREET ADDRESS	2355 E. mall Dr.
CITY-ST-ZIP	NORHT FORY MYERS FL	2.4 CITY-ST-ZIP	Fort Myers, FL 33901
TITLE	SD	3.1 TITLE	TD
NAME	PRICE, KAREN	3.2 NAME	Robert C. Thomas
STREET ADDRESS	2355 EAST MALL DR.	3.3 STREET ADDRESS	3801 Edwards St
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	TD	4.1 TITLE	D
NAME	ELLER, TERRY	4.2 NAME	John Berger
STREET ADDRESS	18601 LANTANA RD.	4.3 STREET ADDRESS	11505-25 Charlies Terrace
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE	D	5.1 TITLE	D
NAME	BATES, BARBARA	5.2 NAME	Miranda Hubbs
STREET ADDRESS	2350 CRYSTAL RD. 1	5.3 STREET ADDRESS	2970 Congo St
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33906
TITLE	D	6.1 TITLE	D
NAME	WEBER, TERRANCE	6.2 NAME	Robert Milano
STREET ADDRESS	1100-15 METRO PKWY.	6.3 STREET ADDRESS	5370 Congo Court
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	Cape Coral FL 33904

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14. I 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debra L Carr 01/30/98 (941) 772-5531

CR2E037 (10/97)