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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29117

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

Principal Place of Business 1311 S.E. 21ST TERRACE CAPE CORAL FL 33990 US	Mailing Address P O BOX 9268 P O BOX 60069 FT. MYERS FL 33902-9268 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 11/03/1988	4. FEI Number 65-0085710 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HONC, VINCE	
STREET ADDRESS	1130 PONDELL RD	
CITY-ST-ZIP	N FORT MYERS FL 33903	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PRICE, KAREN	
STREET ADDRESS	2355 E MALL DR	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT C	
STREET ADDRESS	3861 EDWARD ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGER, JOHN	
STREET ADDRESS	11505-25 CHARLIES TERR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUBBS, MIRANDA	
STREET ADDRESS	2970 CARGO ST	
CITY-ST-ZIP	FT. MYERS FL 33906	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILANO, ROBERT	
STREET ADDRESS	5370 CONGO ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE (REQUIRED)** 03/26/99 941-772-5531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #