


FILE NOW: FILING FEE IS \$61.25

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90022 026 ****61.25

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/03/1988 4. FEI Number 65-0085710 Applied For 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	
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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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONC, VINCE		1.2 NAME		
STREET ADDRESS	1130 PONDELL RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS FL 33903		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, KAREN		2.2 NAME		
STREET ADDRESS	2355 E MALL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, ROBERT C		3.2 NAME		
STREET ADDRESS	3861 EDWARD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, JOHN		4.2 NAME		
STREET ADDRESS	11505-25 CHARLES TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33907		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBS, MIRANDA		5.2 NAME		
STREET ADDRESS	2970 CARGO ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33906		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILANO, ROBERT		6.2 NAME		
STREET ADDRESS	5370 CONGO ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/99 941-772-5531
Date Daytime Phone #