


FILE NOW: FILING FEE IS \$61.25

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Jun 18 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 # N96000001963 (5)

1. Corporation Name

THE PARTNERSHIP CONSTRUCTION COMPANY, INC.



Principal Place of Business	Mailing Address
319 CLEMATIS STREET SUITE 409 WEST PALM BEACH FL 33401	319 CLEMATIS STREET SUITE 409 WEST PALM BEACH FL 33401-4618

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/08/1996	3a. Date of Last Report
4. FEI Number 65-0651623	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CORBETT, JOHN C/O HOUSING PARTNERSHIP, INC. 319 CLEMATIS STREET SUITE 409 WEST PALM BEACH FL 33401	

10. Name and Address of New Registered Agent	
81 Name	Wayne Babb
82 Street Address (P.O. Box Number is Not Acceptable)	17337 SE Indian Hills Drive
83	
84 City	Tequesta
85 Zip Code	FL 33469

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 *Wayne Babb, Pres.* DATE 4.23.97

12. OFFICERS AND DIRECTORS	
TITLE	Pres./Treas./Director <input type="checkbox"/> DELETE
NAME	Wayne Babb
STREET ADDRESS	17337 SE Indian Hills Dr.
CITY-ST-ZIP	Tequesta FL 33469
TITLE	V.P./Sec./Director <input type="checkbox"/> DELETE
NAME	Alphonso Milligan
STREET ADDRESS	11535 Sandbar Ln. Dr.
CITY-ST-ZIP	West Palm Beach, FL 33413
TITLE	Director <input type="checkbox"/> DELETE
NAME	Robert Abram Jr.
STREET ADDRESS	600 Club Drive
CITY-ST-ZIP	Bay Head N.J. 08742
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Wayne Babb* DATE 4.23.97

CR2E037 (9/96)