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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P92000011968 (4)

WILCY CONSTRUCTION & INVESTMENT CORPORATION

appears in Block 12 or Block 13 if changed, or on an attachmen

SIGNATURE

Mailing Address Principal Place of Business 728 6W 2ND CT 720 SW 2ND CT: HALLANDALE FL 00000 HALLANDALE FL 33009-3314 3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1992 07/22/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0381865 1651 NE 1451 HE 56 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required t. Lauderdale 27 \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zιρ US 33 Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEINBERG, JEFFREY 4651 SHERIDAN ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 HALLANDALE FL 33021 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or punited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. **PVCM** DELETE Change Addition 1.1 TITLE TIFLÉ WATKINS, TRACY 12 NAME NAME **329 SW 2ND CT** 1451NE 56ctr Pt. Laudandale, FT. 33934 1.3 STREET ADDRESS STHEET ADDRESS HALLANDALE FL 1.4 CITY-ST-ZIP COTY ST- ZOE Change Addition DELETE 21 TITLE TIFLE WATKINS, LORI 2.2 NAME NAME 1651 NE.56 ct. Ft. Lauderdale, Fl. 33834 720 SW 2ND GT 2.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE GIPSON, ROBERT 3.2 NAME NAME 1651 N.E. 560+ Ff Loudevolute 729 SW 2NO CT 3.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 3.4. CITY-ST-ZIP CHTY-ST-7IE DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-709 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TitleF 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5 4 CITY-ST-ZIP CITY - S1 - 7/F Addition DELETE THEF 61 TITLE HAME 6.2 NAME STREET ADORESS. **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 607, Florida Statutes; and that my name