

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # P93000017728 (5)

1. Corporation Name
COUNTY WEST CONTRACTORS, INC.



Principal Place of Business: **14331 S.W. 159 STREET MIAMI FL 33179**
Mailing Address: **14331 S.W. 159 STREET MIAMI FL 33177-6872**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/09/1993	3a. Date of Last Report 06/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0398965		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	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				10. Name and Address of New Registered Agent			
SMITH, STEPHEN 14331 S.W. 159TH ST. MIAMI FL 33179				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 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		12. NAME	
13. CITY - ST - ZIP		13. STREET ADDRESS	
14. TITLE	<input type="checkbox"/> DELETE	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. STREET ADDRESS		22. NAME	
17. CITY - ST - ZIP		23. STREET ADDRESS	
18. TITLE	<input type="checkbox"/> DELETE	24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS		32. NAME	
21. CITY - ST - ZIP		33. STREET ADDRESS	
22. TITLE	<input type="checkbox"/> DELETE	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. STREET ADDRESS		42. NAME	
25. CITY - ST - ZIP		43. STREET ADDRESS	
26. TITLE	<input type="checkbox"/> DELETE	44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. STREET ADDRESS		52. NAME	
29. CITY - ST - ZIP		53. STREET ADDRESS	
30. TITLE	<input type="checkbox"/> DELETE	54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. NAME		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. STREET ADDRESS		62. NAME	
33. CITY - ST - ZIP		63. STREET ADDRESS	
34. TITLE	<input type="checkbox"/> DELETE	64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. NAME			
36. STREET ADDRESS			
37. 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 a 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **3/13/97** **305-235-8153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)