

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

FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000019542 (8)

1. Corporation Name
BEWN CONSTRUCTION, INC.

Principal Place of Business
3201 LOWSON BLVD
DELRAY BEACH FL 33445

Mailing Address
3201 LOWSON BLVD
DELRAY BEACH FL 33445-5636



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
03/16/1993

3a. Date of Last Report
06/13/1996

4. FEI Number

65-0394708

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GRIFFIN, WILLIAM N
3201 LOWSON BLVD
DELRAY BEACH FL 33445

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

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

Signature of type of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	GRIFFIN, WILLIAM N	
STREET ADDRESS	3201 LOWSON BLVD	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, BOBBY E	
STREET ADDRESS	472 NW 2ND TERR	
CITY- ST- ZIP	DEERFIELD BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GRIFFIN, MARY M.	
STREET ADDRESS	3201 LOWSON BLVD	
CITY- ST- ZIP	DELRAY BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, CORETHA	
STREET ADDRESS	472 NW 2ND TERRACE	
CITY- ST- ZIP	DEERFIELD BCH FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	Katherine A. Young
2.4 CITY- ST- ZIP	415 N.W. 6th Ave Beynton Bch, FL 33435
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	Sharon Martin
4.4 CITY- ST- ZIP	3201 Lowson Blvd. DeLray Bch, FL 33445
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Nimrod Lewis
5.4 CITY- ST- ZIP	41 N.E. 19th Ave Beynton Bch, FL 33435
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 stated 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William N. Griffin, president William Griffin 3-19-97 561-637-9894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)