

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P93000022233 (9)**

1. Corporation Name

**UNITED CONTRACTORS CORPORATION**



Principal Place of Business

Mailing Address

14206 SW 136TH ST  
MIAMI FL 33186  
US

P O BOX 161963  
MIAMI FL 33116  
US

2. Principal Place of Business

2a. Mailing Address

21 19001 Pembroke Road  
Suite, Apt #, etc.

26 P.O. Box 822300  
Suite, Apt #, etc.

22 City & State  
23 Pembroke Pines, FL

27 City & State  
28 SOUTH FLORIDA, FL

24 Zip 33029 25 Country USA

29 Zip 33082 30 Country USA

9. Name and Address of Current Registered Agent

CAVO, JAMES C  
16380 SW 137TH AVE  
MIAMI FL FL331-77

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

08/16/1995

4. FEI Number

65-0399021

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19001 PEMBRKE ROAD

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33029

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

JAMES C. CAVO

Signature typed for principal or trustee of registered agent and if filed applicable

(NOTE: Registered Agent signature required when recording agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CAVO, JAMES C  
STREET ADDRESS 9928 SW 218 TERRACE  
CITY-ST-ZIP MIAMI FL 33190

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is a 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 at 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. CAVO

7-1-96

954-431-3161

Date

Daytime Phone #

CR2E034 (3/96)