

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Meekins  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000025520 (6)**

1. Corporation Name

**ALLIED CONSTRUCTION AND REAL ESTATE CORP., INC.**

Principal Place of Business

**401 SW FIRST AVE  
FT LAUDERDALE FL 33301**

Mailing Address

**401 SW FIRST AVE  
FT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., Etc.

26

Suite, Apt., Etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SMITH, CHARLES G  
401 SW FIRST AVE  
FT LAUDERDALE FL 33301**

3. Date Incorporated or Qualified

**04/01/1993**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0412300**

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)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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. The city and the appointment as registered agent I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| TITLE                           | NAME       | STREET ADDRESS             | CITY, ST, ZIP                                |
|---------------------------------|------------|----------------------------|----------------------------------------------|
| <input type="checkbox"/> DELETE | <b>DVP</b> | <b>SMITH, CHARLES G</b>    | <b>401 SW FIRST AVE<br/>FT LAUDERDALE FL</b> |
| <input type="checkbox"/> DELETE | <b>DVP</b> | <b>TRACY, DWIGHT L</b>     | <b>401 SW FIRST AVE<br/>FT LAUDERDALE FL</b> |
| <input type="checkbox"/> DELETE | <b>DP</b>  | <b>PASCA, ANTHONY A JR</b> | <b>401 SW FIRST AVE<br/>FT LAUDERDALE FL</b> |
| <input type="checkbox"/> DELETE |            |                            |                                              |
| <input type="checkbox"/> DELETE |            |                            |                                              |
| <input type="checkbox"/> DELETE |            |                            |                                              |
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| <input type="checkbox"/> DELETE |            |                            |                                              |
| <input type="checkbox"/> DELETE |            |                            |                                              |
| <input type="checkbox"/> DELETE |            |                            |                                              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE                                                             | NAME | STREET ADDRESS | CITY, ST, ZIP | Change | Addition |
|-------------------------------------------------------------------|------|----------------|---------------|--------|----------|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |               |        |          |

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(a), Florida Statutes. I further certify that the information published on this annual report or its 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 receive the information required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed in Block 13 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-96 305.462-5567**

CR2E034 (12/95)