## 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

## DOCUMENT # P9300062550 (7)

EDWARDS CONSTRUCTION, INC.

Principal Place of Business Mailing Address						- I INVISORA NEO ADIAN ALCAN MENAN MONTO DINES I		IOI DINI I	
18001 S.W. 296 Miami Fl	TH ST.	18001 S.W. 296TH ST. MIAMI FL							
						3. Date Incorporated or Qualified 09/01/1993	3a. Date of 03/04/19		eport
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 65-0434174	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	:	City & State	\$			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country			Zip Country						
25			├── <sub>1</sub>			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
	9. Name and Address of Curre					10. Name and Address of New Reg	istered Agen	t	
GLAI	OSTEIN, HARLAN M			81	Name				
	MERIDIAN AVE. UND FLOOR		ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
	II BEACH FL 33139		83						
				84	City	· · · · · · · · · · · · · · · · · · ·	FL 85	Z <sub>i</sub> p (	Code
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the obliq	e of Florida. Such change was at	uthorized	ibγ	the corporat	oration submits this statement for the prion's board of directors. I hereby accep	irpose of char t the appointm	ging its ent as	registered registered
SIGNATURE	Signal no Types I or ported name of registered so	percand title if applicable (NOTE	Registered	Ager	nt signature requir	ed when reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 T T	1.1 TITUE				hange	Addition
NAME	+-···		1.2 NA	1.2 NAME					
STREET ADDRESS	18001 S.W. 296TH ST.				ADDRESS				
CiTY+ST+ZIP	HOMESTEAD FL S	Drutt		1.4 CITY - ST - ZIP				·	1.4400
TITLE	· ·	☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP				hange	☐ Addition
NAME	EDWARDS, SHEA 18001 SW 296ST								
STREET ADDRESS	HOMESTEAD FL								
CHY-ST-ZIP TITLE	TOMESTERD 1 L	DELETE	31 TITLE		1-212	<del></del>	т П	hange	Addition
NAME			3.2 NAME					· ····································	
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS				
C-TY-ST-ZIP			3.4. CITY-ST-ZIP						Ì
TITLE			_	4.1 TITLE				hange	Addition
NAME			4.2 NAME						
STREET ADDRESS	4		4.3 ST	4.3 STREET ADDRESS					
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TITLE		DELETE	5.1 TITLE					hange	Addition
NAME	5		52 NA	5.2 NAME					
STREET ADDRESS			5 3 ST	REET	ADDRESS				ļ
City-St-7IP			5.4 CIT	Y-\$1	r-ZIP				
THILE		☐ DELETE		61 TITLE				hange	Addition
NAME			62 NA	ME					
STREET ADDRESS			63 ST	REET	ADDRESS				
CITY-ST-ZIF	and the state of t		64 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 suppliemental 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:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-21-97 (305) 245-4432

**FILED** 

Feb 27 1997 8:00am

Secretary of State

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Daylime Phone #

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