

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000068951 (0)**

1. Corporation Name
KAVANAUGH & SONS, INC.



Principal Place of Business 14405 SOUTH DIXIE HIGHWAY MIAMI FL 33176	Mailing Address 14405 SOUTH DIXIE HIGHWAY MIAMI FL 33176
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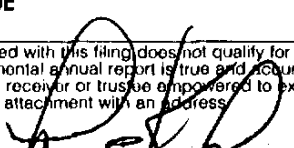
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 09/16/1994	
4. FEI Number 65-0520085		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BOUNDS, BRUCE M ESQ. 2121 PONCE DE LEON BOULEVARD SUITE 630 CORAL GABLES FL 33134-5222		10. Name and Address of New Registered Agent		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.		12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, LAWRENCE E	1.2 NAME	
STREET ADDRESS	10935 S.W. 185TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, DEBORAH E	2.2 NAME	
STREET ADDRESS	10935 S.W. 185TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, CHRISTOPHER L	3.2 NAME	
STREET ADDRESS	10935 S.W. 185TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, THOMAS J	4.2 NAME	
STREET ADDRESS	17553 S.W. 85TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, JOSEPH E	5.2 NAME	
STREET ADDRESS	14220 S.W. 85TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAVANAUGH, HELEN D	6.2 NAME	
STREET ADDRESS	14220 S.W. 85TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	6.4 CITY-ST-ZIP	

14. I 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 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:  4/2/98 305252-1946

CR2E034 (10/97)