

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P94000069384 (3)**

1. Corporation Name  
**SHRIVER & ORTEGA CONSTRUCTION, INC.**



Principal Place of Business <b>2295 CORPORATE BOULEVARD, N.W. SUITE 121 BOCA RATON FL 33431</b>	Mailing Address <b>2295 CORPORATE BOULEVARD, N.W. SUITE 121 BOCA RATON FL 33431</b>
--	--

3. Date Incorporated or Qualified <b>09/19/1994</b>	3a. Date of Last Report <b>03/23/1995</b>
--	--

2. Principal Place of Business 21 <b>104 Crandon Blvd.,</b>	2a. Mailing Address 26 <b>104 Crandon Blvd.,</b>
Suite, Apt. #, etc. 22 <b>Suite 409</b>	Suite, Apt. #, etc. 27 <b>Suite 409</b>
City & State 23 <b>Key Biscayne, FL</b>	City & State 28 <b>Key Biscayne, FL</b>
Zip 24 <b>33149</b>	Zip 29 <b>33149</b>
Country 25 <b>Palm Beach</b>	Country 30 <b>Palm Beach</b>

4. FEI Number <b>65-0552591</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ORTEGA, JOSE A**  
**2295 CORPORATE BOULEVARD, N.W.**  
**SUITE 121**  
**BOCA RATON FL 33431**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>104 Crandon Blvd.,</b>
83	<b>Suite 409</b>
84 City	<b>Key Biscayne</b>
FL	<b>85 33149</b>

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, typewritten printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required with registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHRIVER, ANTHONY K</b>	
STREET ADDRESS	<b>5901 LAGORCE DR</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>ORTEGA, JOSE A</b>	
STREET ADDRESS	<b>621 S. MASHTA DRIVE</b>	
CITY - ST - ZIP	<b>KEY BISCAZYNE FL 33149</b>	
TITLE	<b>VPTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHRIVER, ALINA</b>	
STREET ADDRESS	<b>5901 LAGORCE DR</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAZOS, SYLVIA</b>	
STREET ADDRESS	<b>5682 N.W. 39TH AVENUE</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	
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. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. 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 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 in an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose Ortega*  
**Jose Ortega**

3/8/96 (305) 361-8711

CR2E034 (12/95)