SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000056737 (6)

AMERICAN CONSTRUCTION ASSOCIATES, INC.

FILED Sep 25 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				i jonitani sin inini misii Anlii anlii Anlii	1 00101 21114 PELIT 10000 (111)	1 1941 1941	
7770 KENWAY PLACE 7770 KENWAY PLA							
BOCA RATON FL 33433 BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last F	Report
					07/21/1995	05/01/1996	
	Place of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For	
21 26		26			65-0602860	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	 1		5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional	
22 City & State		27			Fee Required		
23		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zin	Zip Country Zip		p Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	25 29 30			Personal Property Tax due June 30. Yes \(\square\) Yes			
	9. Name and Address of Curre				10. Name and Address of New Re		
SCH	AEFFER, LEE	·	Name -	Town Fuell -			
	KENWAY PLACE		Stroot Addr	ess (P.O. BoxNumber is Not Acceptal			
BOCA RATON FL 33433					611 PINE TREE		
			8:	3			
			8	City		loe l Zin	Code
				1 (.6)	ZAL STRINGS	PL 12	Code 3067
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abo	a named core	oration submits this statement for the rion's board of directors. I pereby acception's	ourpose of changing i	ts registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statut	by the corporati	ion's board of directors. I hereby acce	I the appointment as	registered
SIGNATURE	Jons L.	EARHURT		kon !	Szahout	9/17	/9.7
12.	Signature, typod or printed name of registered as	cot and little if applicable. (NOTE		ol signature require		DATE	
TITLE	OFFICERS AN	ID DIRECTORS	13. U		ADDITIONS/CHANGES TO OFFIC		
NAME	EARHART, JON	E-1 DECEAL	1.2 NAME			L. Change	☐ Addition
STREET ADDRESS	5611 PINETREE ROAD						
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-	1 ADDRESS			ļ.
TITLE	D	DELFTE	2.1 TITLE	51-211		Change	Addition
NAME	SCHAEFFER, LEE		2.2 NAME			Onango	
STREET ADORESS	7770 KENWAY PLACE			T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		2 4 CITY				
TITLE		DELETE	3.1 TITLE	31-21		Change	Addition
NAME		—	3.2 NAME			· · ·	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAMÉ				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14 I do horot	by cartify that the information cumplic	d with this filles does not qualify	· far the au		- CC 440 07(0)() Ft. 1 0: 1 1	1.4	

riorioa statutes. I further certify that the the same legal effect as if made under oath; that information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by clappears in Block 12 or Block 13 if changed, or on an attachment with an address. CENTRACEHOR OF MARK