

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068087 (2)

1. Corporation Name

ALL FLORIDA CONTRACTORS GROUP LTD., INC.



Principal Place of Business

8448 WEST OAKLAND PARK BOULEVARD
SUNRISE FL 33351

Mailing Address

8448 WEST OAKLAND PARK BOULEVARD
SUNRISE FL 33351

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4811 N.W. 65th AVE

26

Suite, Apt. #, etc.

27 SAME

22 City & State

28 City & State

23 Landershill FIA

29

24 Zip 33319

Country

29 Zip

Country

29

30

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

RAYMOND D SANDS

82 Street Address (P.O. Box Number is Not Acceptable)

4811 N.W. 65th AVE

83

84 City

Landershill FIA FL

85 Zip Code

33319

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

RAYMOND SANDS PRES.

Raymond Sands

6/15/96

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when changing status)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDS, RAYMOND D
STREET ADDRESS 8448 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP SUNRISE FL 33351 ☐ DELETE

TITLE VD
NAME KELLY, KIMBERLY SUE
STREET ADDRESS 8448 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP SUNRISE FL 33351 ☒ DELETE

TITLE STD
NAME MOLLHENNEY, DONNA MARIE
STREET ADDRESS 8448 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP SUNRISE FL 33351 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4811 N.W. 65th AVE
1.4 CITY - ST - ZIP Landershill FIA 33319 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

800001874386
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***225.00

6/24/96

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 on an attachment with an address.

SIGNATURE:

Raymond Sands (Pres.)

April 19 1996

741-9467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)