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PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT

Sandra B. Morthant

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Jun 17 1997 8:00am

Secretary of State

DOCUMENT # P9500068087 (2)

ALL FLORIDA CONTRACTORS GROUP LTD., INC.

Principal Place of Business Mailing Address 4811 NW 65TH AVE. 4811 NW 65TH AVE. LAUDERHILL FL 33319-7204 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1995 06/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FELNumber NO EMPLOYEES Applied For APPLIED FOR 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip , Country Zip Country This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **ASANDS, RAYMOND** 81 4811 NW 65TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 **B4** 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. **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE SANDS, RAYMON D NAME 1.2 NAME 4811 NW 65TH AVE. STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL 33319 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE \_\_\_ DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. A CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Addition DELETE Change TITLE 4.1 THLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE

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 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.

6.3 STREET ADDRESS

6.4,CITY - \$1 - 2IP

62 NAME

CIGNIA CHELL DE COURSE C. 1 6 4 107 954-741-9467.

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