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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028395 (7)

SAWW GROUP, INC.

Principal Place of Business

CONTRACTOR OF THE WASHINGTON TO THE PROPERTY OF THE PROPERTY O

## **FILED** May 02 1997 8:00am Secretary of State



| Fillioparriace  | O Dusiness  | -  | Mailing Address   |                          |                  |  |                                |         |                    |                                   |
|---|---|--|---|--------------------------|------------------|--|--------------------------------|---------|--------------------|-----------------------------------|
| 877 NORTHEAST 24TH STREET APT. 701<br>MIAMI PL 33137    |   |  | 677 NORTHEAST 24TH STREET APT. 701<br>MIAMI FL 33137-4767 |                          |                  |  |                                |         |                    |                                   |
|   |   |  |   |                          |                  | 3. Date incorporated o 03/25/1996  | Qualified                      | 3a. Dat | e of Las           | t Report                          |
| _ <del></del>   | ace of Business   | 2a. Mailing                                | Address   |                          |                  | 4. FEI Number  |                                |         | ) <b>(</b>         | Applied For                       |
| 21  |   | 26   |   |                          | <u> </u>         |  |                                |         |                    | Not Applicable                    |
| Sulte, Apt.   |   | 27   | Apt. #, etc.  |                          |                  | 5. Certificate of Status   | Desired                        |         |                    | 5 Additional<br>Required          |
| City & State  | · · · · · · · · · · · · · · · · · · ·   | City & 28                                  | State   |                          |                  | 6. Election Campaign F<br>Trust Fund Contribut   |                                |         |                    | 00 May Be<br>ed to Fees           |
| Zip<br>24   | Country 25  | Žip<br><b>29</b>                           | <del>-</del>  |                          |                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  ☐ Yes  ☐ No  No |                                |         |                    |                                   |
|   | g. Name and Address of Curre  | nt Registered A                            | gent  |                          |                  | 10. Name and Address   | of New Reg                     |         |                    |                                   |
|   | ENOHEVI, EMMANUEL K   |  |   | 81                       | Name             |  |                                |         |                    |                                   |
| 677 NORTHEAST 24TH STREET APT. 701<br>MAMI FL 33137     |   |  |   | 82                       | Street           | Address (P.O. Box Number is N  | ot Acceptabl                   | e)      |                    |                                   |
|   |   |  |   | 83                       |                  |  | ·                              |         |                    |                                   |
|   |   |  |   | 84                       | Cily             |  |                                | FL.     | 85 Z               | ip Code                           |
| 11. Pursuant<br>office or re<br>agent. I a<br>SIGNATURE | to the provisions of Sections 607.056<br>egistered agont, or both, in the State<br>in familiar with, and accept the oblig |  |   |                          |                  |  | ent for the pu<br>ereby accept |         | changin<br>intment | g its registered<br>as registered |
| 12.   | Signature, typed or printed name of registered ag   | ent and little if applicat<br>ID DIRECTORS | ile (NO   | II. Flegislered Ag       | ent signatur     | e required when reinstating) ADDITIONS/CHANGE  | O TO OFFICE                    | DATE:   | DIDECT             | ODC IN 40                         |
| TITLE   | D   | DIFFORM                                    | DELETE  | 11 Jiflé                 |                  | ADDITIONS/CHARGE   | S TO OFFICE                    |         | Chang              |                                   |
| NAME  | AGBENOHEVI, EMMANUEL K  |  |   | 1.2 NAME                 |                  |  |                                | ,       |                    | ,,                                |
| STREET ADDRESS  | <b>677 NORTHEAST 24TH STRE</b>  | ET APT. 701                                |   | 1.3 STREE                | 1 Address        |  |                                |         |                    |                                   |
| CITY-ST-ZIP   | MIAMI FL 33137  |  |   | 1.4 CHY-1                |                  |  |                                |         |                    |                                   |
| TITLE   | D   |  | ☐ DELETE  | 2111111                  |                  |  |                                |         | Chang              | ge Addition                       |
| NAME  | STARLING, BENNIE W  |  |   | 2 2 NAME                 |                  |  |                                |         |                    | ļ                                 |
| STREET ADDRESS  | 3274 NORTHWEST 181 STRE   | ET   |   | 2 3 STREE                | 1 ADDRESS        |  |                                |         |                    |                                   |
| CITY-ST-ZIP   | MIAMI FL 33058  |  | -   | 2 4 CITY-                | ST-ZIP           |  |                                |         |                    |                                   |
| TITLE   | D   |  | DELETE  | 31 THTLE                 |                  | '  | +                              |         | Chang              | ge L_Addition                     |
| NAME  | WILLIAMS, DARREL E<br>3451 NORTHWEST 206TH ST   | DECT                                       |   | 3.2 NAME                 |                  |  |                                |         |                    |                                   |
| STREET ADDRESS  | MAMI FL 33058   | neei                                       |   |                          | 1 ADDRESS        |  |                                |         |                    | }                                 |
| CITY-ST-ZIP<br>TITLE                                    | D D   |  | DELETE  | 3.4. C(TY -<br>4.1 TITLE | ST-ZIP           |  |                                |         | Chang              | ge Addition                       |
| NAME  | WILLIAMS, DARRYL E  |  |   | 4. 2 NAME                |                  |  |                                |         |                    | ,                                 |
| STREET ADDRESS  | 3745 CARSON AVENUE  |  |   | 4                        | 7 ADDRESS        |  |                                |         |                    |                                   |
| CITY-ST-ZIP   | COOPER CITY FL 33026  |  |   | 4.4 CITY-                |                  |  |                                |         |                    |                                   |
| TITLE   |   |  | DELETE  | 5.1 TITLE                |                  |  |                                |         | Chang              | ge 🔲 Addition                     |
| NAME  |   |  |   | 5.2 NAME                 |                  |  |                                |         |                    | ļ                                 |
| STREET ADDRESS  |   |  |   | 5.3 STREE                | T ADDRESS        |  |                                |         |                    |                                   |
| CITY-ST-ZIP   |   |  |   | 5.4 CITY-                | ST-ZIP           |  | ~                              |         |                    |                                   |
| TITLE   |   |  | DELETE  | 6.1 TITLE                |                  |  |                                |         | Chang              | ge 🔲 Addition                     |
| NAME  |   |  |   | 6.2 NAME                 |                  |  |                                |         |                    |                                   |
| STREET ADDRESS  | 1   |  |   |                          | T ADDRESS        |  |                                |         |                    | ļ                                 |
| CITY-ST-ZIP   |   |  |   | 6.4 CITY                 | <u> 51 - 21P</u> | <u> </u>   |                                |         |                    |                                   |

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.