

4-15-97 B 4650 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045317 (0)

1. Corporation Name

ATLANTIC COAST GENERAL CONTRACTORS, INC.



Principal Place of Business 5005 JOHNSON STREET HOLLYWOOD FL 33021	Mailing Address 5005 JOHNSON STREET HOLLYWOOD FL 33021-5252
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3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report This is first
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2. Principal Place of Business 21. SAME Suite, Apt. #, etc. 22. City & State Hollywood Fla. 23. Zip 33021 24. Country USA	2a. Mailing Address 26. SAME Suite, Apt. #, etc. 27. City & State Hollywood Fla. 28. Zip 33021 29. Country USA	4. FEI Number 65-0687935 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent BOREK, BRETT 5005 JOHNSON STREET HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0302 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] PRES. 2-25 DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT BRETT BOREK 5005 JOHNSON ST HWD. Fla. 33021	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PRESIDENT BRETT BOREK 5005 JOHNSON ST Hollywood Fla. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP V.P. SHIRLEY BOREK 5005 JOHNSON ST HWD. Fla. 33021	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP V.P. SHIRLEY BOREK 5005 JOHNSON ST Hollywood Fla. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP SECRETARY SHIRLEY BOREK 5005 JOHNSON ST HWD. Fla. 33021	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP SECRETARY SHIRLEY BOREK 5005 JOHNSON ST Hollywood Fla. 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] PRES. 2-25-97 (454) 873-7131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)