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 # P96000052373 (3)

BTW CONSTRUCTION CORP.

FILED May 13 1997 8:00am Secretary of State



							{			i 1881 i 188 1	
Principal Plac	ce of Businoss	-	Mailing Address 308 BLANCA AVENUE TAMPA FL 33606-3630				(1001)001 (10 10)10 041(1 00)11 00411 00111 00111	************	1111 1869	. 1111 1981	
308 BLANCA / TAMPA FL 336											
							3. Date Incorporated or Qualified 3a. 06/19/1996	Date of	_ast R	eport	
2. Principal P	Place of Business	·1	28. Mailing Address 26				4. FEI Number 59 - 3412503	Applied For Not Applicable			
Suite, Apt.	#, elc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required				
City & Stat	10	City	City & State				6. Election Campaign Financing	\$5.00 May Bo			
23 Zip	Country	28 Zip	Zp Country				Trust Fund Contribution Added to Fees				
24	25		29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Currer		Agent	<u> </u>			10. Name and Address of New Register	ed Agent			
WA	LKER, TYRONE A				81	Name					
308	BLANCA AVENUE					Street Ad	dress (P.O. Box Number is Not Acceptable)				
TAN	MPA FL 33606										
					83 84	rsi.			7:- 1	Onds.	
				1	ı	City		FL 85	Zip (
agent. I a	am familiar with, and accept the oblig- Signature, typed or printed name of registered age	ations of, Sec or and the Happie	lion 607,0505, FI	orida Statu i Registered	utos	3,	progration submits this statement for the purpose ation's board of directors. I hereby accept the suited when reinstating? DAT	E	·		
12.	OFFICERS AN	O DIRECTOR					ADDITIONS/CHANGES TO OFFICERS /			S IN 12 Addilion	
TITLE NAME			□ DECE IC	1.1 TII 1.2 NAI		1 7	TYRONE A. WALKER		ange	FT) YOURON	
STREET ADDRESS						ADDRESS	OB BLANCA AVENUE				
CITY-ST-ZIP				1401		T- ZIP	TAMPA , FLORIDA 336	06			
TITLE			DELETE	21 111	l I				hange	Addition	
NAME				5 5 NA	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	2. 4 CF 3.1 T/T		51- Z(P		C	hanne	Addition	
NAME			L) offer	3.1 III		1		L 0	ange	E ROUIION	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				3.4. DI	1Y-S	ST- Z iP					
TITLE			DELETE	4.1 TIT	LF			□ c	hange	Addition	
NAME				4. 2 NA	ME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP TITLE			DELETE	4.4 C(1		1- ZIP		c	hanne	Addition	
NAME			th otter	5.1 7(1 5.2 NAI					unge	LE COURTOR	
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP				5.4 CfT				:			
TITLE		·	DELETE	6148				C	hange	Addition	
NAME				6.2 NA	ME			•			
STREET ADDRESS				6.3 516	HEET	ADDRESS		•			
CITY-ST-ZiP				6.4 01	Y-SI	1 - ZIP					

14. I do hereby certify that the information supplied with this filling 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.