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 # P96000083903 (0)

NEW W/	AVE CONTRACTING, INC.					1640 AAA WAX BAX BAXI AH AAA
Principal Place of Business Mailing Address					10841981410 11010 11011 ##411 110414 01114 1	0 10 15 5 7 10 12 11 00 0 0 0 1
353 SUWANNE AVENUE 353 SUWANNE AVENUE SARASOTA FL 34243 SARASOTA FL 34243-1830						
					3. Date Incorporated or Qualified 10/31/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address	26. Mailing Address 26		4. FEI Number	Applied For Not Applicable
Suite, Apl. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State						Fee Required
23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24			Country 30	y		Yes No
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Reg	pistered Agent
ELDRIDGE, FRANCIS L 353 SUWANNE AVENUE						
SARASOTA FL 34243			82	Street Addi	ress (P.O. Box Number is Not Acceptable	(e)
			83			
				City		85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authori agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S 				e-named corr	poration submits this statement for the or	FL 89 Zip Code
office or l agent 1 a SIGNATURE					tion's board of directors. I hereby accep	t the appointment as registered
12.	Signature: type dior printed hank or registered agent and the if applicable (NOT OFFICERS AND DIRECTORS		13.	eni signatura redor	ADDITIONS/CHANGES TO OFFICE	
TIT(F	D DELETE		1.1 TATLE		All the structure of th	Change Addition
NAME	VITATO, DOUGLAS		1.2 NAME			
STREET ADORESS	353 SUWANNE AVENUE SARASOTA FL 34243		1.3 STREET ADDRESS			
CITY-ST ZIF	D DELETE		1.4 CITY - 2.1 TITLE	ST- ZIP		Change Addition
NAME	LESLIE, BEATRICE		2.2 NAME			Ci orango Ci risanon
STREET ADDRESS			2.3 STREE	T ADDRESS		
CHTV - ST - 71P	SARASOTA FL 34243		2 4 CiTY-	ST-ZIP		
1111.1	D DELETE		31 TITLE			Change Addition
NAME	OSO OLEMANNE AVENUE		3.2 NAME	ſ		
STREET ADDRESS	SARASOTA FL 34243			T ADORESS		
TITLE	DELETE		3.4. CITY - 4.1 TITLE	-51-2IF		Change Addition
NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - ST - ZIP			4.4 CITY-	ST-ZIP		
1171.6)		5.1 TITLE			Change Addition
NAME ENGET ISSUECCE			5.2 NAME	- 1		
STREET ADDRESS				T ADDRESS		
TITLE		☐ DELETE	5.4 CITY - 6.1 TITLE	31. TIL		Change Addition
NAME.			6.2 NAME			

14. If 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 corpriation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 31 of Manager Dr. in an attachment with an address.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PRINCIS AN PHINDED NAME OF SIGNING OFFICER OR DIRECTOR

corredge

4/4/97 (941) 739-1966

FILED

Apr 08 1997 8:00am

Secretary of State

Phone #

2E034 (9/96)

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