


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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McPham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P97000068217 (3)**

1. Corporation Name

**MARQUETTE'S CONTRACTING, INC.**



Principal Place of Business <b>3805 N.W. 207TH TERRANCE MIAMI FL 33056</b>	Mailing Address <b>3805 N.W. 207TH TERRANCE MIAMI FL 33056</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3805 N.W. 207 Terr</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, FLA</b> Zip 24 <b>33056</b>		2a. Mailing Address 26 <b>3805 N.W. 207 TERR</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FLA</b> Zip 29 <b>33056</b>		3. Date Incorporated or Qualified <b>08/06/1997</b>	
25 <b>DADE</b>		30 <b>DADE</b>		4. FEI Number <b>65-0784935</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCGRAW, DORIS JEAN  
3805 N.W. 207TH TERRANCE  
MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name <b>Willie T. McGraw</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3805 N.W. 207 Terr</b>
83
84 City <b>MIAMI, FL</b>
85 Zip Code <b>33056</b>

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 **Willie T. McGraw**

**Willie T. McGraw**

**1/25/98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Willie T McGraw</b> <b>3805 NW. 207 Terr</b> <b>Miami, FLA 33056</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Secretary</b> <b>Doris J. McGraw</b> <b>3805 N.W. 207 Terr - Miami, FLA 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Financial Officer</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>Volusia d. McGraw</b> <b>3805 NW 207 Terr</b> <b>Miami FLA 33056</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE **Willie T McGraw**

**1/25/98**

**305-**

**130-4835**

CPRE034 (10/97)