FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 17 AM 10: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S38539 (o)

1. Corporation Name

Coordinators For Construction
6104 S.W. 48th Ct.
Davie, Florida 33314-4402

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 3-14-91
3a. Date of Last Report: 3-11-94

2. Principal Place of Business
21 6104 S.W.48th Ct
22 Suite, Apt. #, etc.
23 City & State: Davie,
24 Zip: 33314
25 Country: Brwd

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State: Fla.
29 Zip: 33314
30 Country

4. FEI Number: 650272064 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Fass, Joel S.
2000 W. Commercial Blvd
Suite 232
Ft. Lauderdale, Fl 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Secretary	1.1 TITLE	☐ Change ☐ Addition
NAME	Weston, Allen	1.2 NAME	
STREET ADDRESS	6104 SW. 48th Ct.	1.3 STREET ADDRESS	
CITY · ST · ZIP	Davie, Fl. 33314	1.4 CITY · ST · ZIP	
TITLE	V.P./Treasurer	2.1 TITLE	☐ Change ☐ Addition
NAME	Jackson, Marla D.	2.2 NAME	600001410406
STREET ADDRESS	6104 S.W. 48th Ct.	2.3 STREET ADDRESS	-02/20/95--01062--004
CITY · ST · ZIP	Davie, FL. 33314	2.4 CITY · ST · ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY · ST · ZIP		3.4 CITY · ST · ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY · ST · ZIP		4.4 CITY · ST · ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY · ST · ZIP		5.4 CITY · ST · ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY · ST · ZIP		6.4 CITY · ST · ZIP	2/17

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marla D Jackson Vice President — 2/7/95 — (305) 983-0016
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
MARLA D JACKSON