## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # \$47679

(3)

. Corporation Name

VON LOH CONTRACTORS, INC.

!					0 (2)4 B1011 2001 2001 01841 01841 01841 1886
Principal Place o	of Business	Mailing Address			
6800 COOLIDGE ST. HOLLYWOOD FL 33024		6800 COOLIDGE ST. HOLLYWOOD FL 33024			
				Date Incorporated or Qualified     04/25/1991	3a. Date of Last Report 04/10/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0258771	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
Crty & State		28		Trust Fund Contribution	Added to Fees
7 <sub>(p</sub>	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s 199.032,
24	25		30	Florida Statutes	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
MIAMI F	W. 35TH ST. FL 33165		82 Street Add 6800 83	PLD A. VON LOH ress (P.O. Box Number is Not Acceptab Cooci DAE	FL 85 Zp Code 33024
or registere familiar with SIGNATURE	nd agent, or both, in the State of Floring and accept the obligations of, Section 1997 of the State of Floring and Company of Payatana a portion of Payata	da. Such change was authorized tion 607,0505, Florida Statutes.	Bogistered Agent signaturin requir		2/27/96.
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
TITLE NAME	VON LOH, GERALD A.		1.2 NAME		
STREET ADDRESS	6800 COOLIDGE		1.3 STREET ADDRESS		
CiTY-ST-ZiP	HOLLYWOOD FL		1.4 CITY - ST- ZIP		
TIFLE	VPS	☐ DELETE	2 1 TITLE		Change Addition
NAME	VON LOH, DOROTHY		2.2 NAME		
STREET ADDRESS	6800 COOLIDGE		2.3 STREET ADDRESS		
CITY - ST - ZIP	HOLLYWOOD FL		2.4 CITY - ST - ZIP		FI Observe FI Addition
TITLE		☐ D€LETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP TITLE		T DELFTE	3.4 C(1) - S1 - Z(F) 4.1 T(TLE		Change Addition
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY - ST - 7:P		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		!
CITY-ST-ZIP			5 4 CITY - ST - ZIP		
11 <sup>1</sup> LF		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - Z.P		

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** 

Denald G Von Joh Dre SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 (305)961-55-85 Day Daylore Prone)

CR2E034 (12/95)