## 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 # V17585

(3)

TRIPLE J CONSTRUCTION, INC.  Principal Place of Business  569 NE 42 ST OAKLAND PARK FL 33334 US	Mailing Address 569 N.E. 42NO STREET OAKLAND PARK FL 33334-3 US	n11	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business 21 4044 NE 5+h Ter. Suite, Apt #, etc 22	28. Mailing Address 26. 4044 NE Suite, Apt. #, etc. 27.	5th Ter.	02/26/1992 4. FEI Number 65-0321806 5. Certificate of Status Desired	07/16/1996 Applied For Not Applicable \$8.75 Additional Fee Regulred
City & State  23 Oakland PK., FL  Zip Country	City & State  28 Oakland	PK. FL	Election Campaign Financing     Trust Fund Contribution     This corporation has liability for	\$5.00 May Be Added to Fees
9. Name and Address of Current F HAYWOOD, AUBREY CURT 2500 NE 26TH TERRACE FORT LAUDERDALE FL 33305	legistered Agent	83 84 City	Florida Statutes  10. Name and Address of New Reass (P.O. Box Number is Not Accepta	Yes No egistered Agent  ble)  FL 85 Zip Code
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate SIGNATURE  Signature, typicd or printed name of registered agent.  12. OF FICERS AND ITHE PVST  NAME HAYWOOD, AUBREY CURT	Florida Such change was au ons of, Section 607.0505, Flor and little if applicable (NOTE	uthorized by the corporati ida Statutes.  Registered Agent signature require  13.  1.1 TITLE  1.2 NAME	on's board of directors. I hereby acce	opt the appointment as registered  DATE
STREET ADDRESS CITY ST ZIP  ANAME STREET ADDRESS CITY ST ZIP  ANAME STREET ADDRESS CITY ST ZIP	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME STHEET ADDRESS CITY-S1-ZII' TITLE	☐ DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS COLY-SI-ZIP 14. I do hereby certify that the information supplied of	with this filing does not qualify	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP For the exemption stated	in Section 119.07(3)(i). Florida Statut	es. I further certify that the

information indicated on this annual report is 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if stanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/25/97 954-565-5502

**FILED** 

Apr 17 1997 8:00am

Secretary of State

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