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95 APR 24 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V46939 (7)

1. Corporation Name
AMERISTAR CONTRACTING CORPORATION

Principal Place of Business: **2515 N. STATE ROAD 7 #204 MARGATE FL 33063**

Mailing Address: **6265-262 W. SAMPLE RD. CORAL SPRINGS FL 33067 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **5881 MARGATE Blvd**

2a. Mailing Address: [Blank]

22. Suite, Apt. #, etc. [Blank]

27. Suite, Apt. #, etc. [Blank]

23. City & State: **MARGATE Florida**

28. City & State [Blank]

24. Zip: **33063**

25. Country: **USA**

29. Zip [Blank]

30. Country [Blank]

3. Date Incorporated or Qualified: **06/25/1992**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0343091**

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

BURGESS, JOSEPH LYMAN, III
2831 NW 63 TERR
MARGATE FL 33063

10. Name and Address of New Registered Agent

81. Name [Blank]

82. Street Address (P.O. Box Number is Not Acceptable) [Blank]

83. [Blank]

84. City [Blank]

85. Zip Code **FL** [Blank]

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CEO/CFO
NAME	BURGESS, JOSEPH L, III
STREET ADDRESS	2831 NW 63 TERR
CITY - ST - ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO/CFO (CHAIRMAN - CEO)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH L. BURGESS III	
1.3 STREET ADDRESS	2831 NW 63 TERR	
1.4 CITY - ST - ZIP	MARGATE, FL 33063	
2.1 TITLE	V/D/S (EXECUTIVE VICE PRES CEO)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARK W. OGDEN	
2.3 STREET ADDRESS	2130 NW 62 ME	
2.4 CITY - ST - ZIP	MARGATE, FL 33063	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on the annual report or 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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I attach my signature to this report.

SIGNATURE: _____

Signature of _____
Officer/Authorization

9/17/95 305-978-6469

Date Date/Phone #