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

S. B.T PROFIT

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<i>&</i>	FLORIDA DEPARTMENT OF STATE				
	Sandra B. Mortham				
7.5	Concetony of Ctoto				

	NUAL REPORT 1997	Sendra B. M Secretary of DIVISION OF COR	f State		
	JMENT # V536 ONS CONSTRUCTION A	` '			8/8/6 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1
Rrinoipal Place of Business 12313 SW 133 COURT MAMI FL 33166		Mailing Address 12313 SW 133 COURT MIAMI FL 33186-6434 US			
				3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 06/13/1996
2. Principa	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0348260	Applied For Not Applicable
Sulte, Ar	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	lale	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 30	Country	8. This corporation has liability for	
	9. Name and Address of (Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	Immons, spencer Joseph 2313 SW 133 Court		L_J	(D.O. D., M., See l- No. Association	.1.)
	IAMI FL 33186			ddress (P.O. Box Number is Not Acceptab	oie)
<i>[</i>	A		83		
	1 1		84 City		FL 85 Zip Code
•	(/ Lu-> , /	07.0502 and 607.1508, Florida Statutes, to State of Florida. Such change was author abligations of, Section 607.0505, Florida	he above-named corrided by the corpora Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
SIGNATUR	Slo tiure, typed or printed name of regist	ered agent and title if applicable. (NOTE: Re-	いたして、J。 g-stered Agent signature re	gulred when reinstating)	DATE
12.	OFFICER	RS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	SIMMONS, SPENCER J		1.1 TITLE 1.2 NAME		ET cuaside ET Appliton
STREET ADDRES	44800 0111 440 4150		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CiTY-ST-ZiP		
TITLE	PDS SIMMONS, AMY S	☐ DELETE	21 TITLE		Change Addition
NAME STREET ADDRES	40040 AUL 400 AT		22 NAME 23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		2 4 City-St-ZiP		
TITLE		DELETÉ	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRES	\$ [3.3 STREET ADDRESS		
CITY-ST-ZIP	. 	☐ DEŧETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME		_	4. 2 NAME		- •
STREET ADDRES	s		4.3 STREET ADDRESS		
CITY-ST-ZIP	·····		4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME CIRCL ADDRES	6		5.2 NAME		
STREET ADDRES	°		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE		☐ Change ☐ Addition
NAME		I	6.2 NAME		
STREET ADDRES	s	I	6.3 STREET ADDRESS		
TTY-ST-ZIP			6.4 CITY - ST - ZIP		

I do 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 Blook 13 if changed, or on an attachment with an address.