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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63600

(3)

FILED
May 08 1997 8:00am
Secretary of State

FIRST GENERAL CONSTRUCTION, INC.  Principa: Place of Business Mailing Address  SUITE 1650 SUITE 1650  500 EAST BROWARD BLVD. FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394-3033								
					3. Date incorporated or Qualified 09/14/1992	3a. Date 0		eport
	Place of Business	2a. Mailing Addres	SS		4. FEI Number	<del>- 1</del>	_	plied For
Suite, Apt	# Ata	<b>26</b>			65-0373413			t Applicable
22	w, etc.	27	ių.		5. Certificate of Status Desired		7 <b>0.70</b> Fee Re	Additional quired
City & Stat	te	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip ──	Country	Zip	—	untry	8. This corporation has liability for i			199.032,
24	25 9. Name and Address of Cur	rent Registered Agent	30	<del></del>	Florida Statutes  10. Name and Address of New Re	Yes h		
Fill	INGS, INC.	TOTA NEGISTOIDE Agent		81 Name	19. Harris and Addition of High Vic	Aletoton Vibo		
3732 NW 16TH STREET				82 Street Add	ress (P.O. Box Number is Not Acceptab	(a)		
	RT LAUDERDALE FL 33311			Stiber Addi	iless (1.0. Box Northber is Not Acceptad	,ic)		
				83				
				84 City		8	35 Zip (	Code
				<u> </u>		PLI	'	
office or a agent 12	registered agent, or both, in the Si am familiar with, and accept the of	tate of Florida. Such change bligations of Section 607.0	e was authorize 505, Florida Sta	ed by the corporal atutes.	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appoint	angin da	rogistorou
office or agent 1 a	Signature, typed or portled name of registered			ed by the corporal atutes. ed Agent signature requi		DATE		
SIGNATURE	Signature typed or pretion name of registered  OFFICERS	d agent and title if applicable	(NOTE: Register)  13. ETE 1.11	ed Agent signature requi	ired when reinstating)	DATE CERS AND DI		S IN 12
SIGNATURE  12. TITLE NAME	Signature typed or pretto name of registered OFFICERS P HOGGE, JAMES H.	d agent and title d applicable AND DIRECTORS DELI	(NOTE: Register 13. ETE 1.11	ed Agent signature requi	ired when reinstating)	DATE CERS AND DI	RECTOR	
SIGNATURE  12.  THE NAME SIREFI ADDRESS	Signature typed or pretto name of registered OFFICERS P HOGGE, JAMES H. 500 E. BROWARD BLVD.,	d agent and title d applicable AND DIRECTORS DELI	(NOTE: Register 13. ETE 1.11 1.21 1.35	ed Agent signature requi	ired when reinstating)	DATE CERS AND DI	RECTOR	S IN 12
SIGNATURE  12. THE NAME SIREFI ADDRESS CHY-SI-ZIP	Signature typed or pretto name of registered OFFICERS P HOGGE, JAMES H.	d ngins and title if applicable AND DIRECTORS DELI SUITE 1850	(NOTE: Register 13. ETE 1.11 1.21 1.35 1.40	ed Agent eignature requi ITTLE NAME STREET ADDRESS CITY-ST-ZIP	ired when reinstating)	DATE DERS AND DII	RECTOR Change	S IN 12 Addition
SIGNATURE  12. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE	Signature typed or pretto name of registered OFFICERS P HOGGE, JAMES H. 500 E. BROWARD BLVD.,	d agent and title d applicable AND DIRECTORS DELI	(NOTE: Register 13. ETE 1.11 1.21 1.35 1.4 (ETE 2.11	ed Agent signature requi	ired when reinstating)	DATE DERS AND DII	RECTOR	S IN 12
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SIGNATURE  12. TITLE NAME SIREFI ADDRESS CITY-SI-ZIP HILL NAME SIREEI ADDRESS CITY-SI-ZIP	Signature typed or pretto name of registered OFFICERS P HOGGE, JAMES H. 500 E. BROWARD BLVD.,	d ngent and blied applicable AND DIRECTORS DELI SUITE 1650	(NOTE: Register  13. 11. 12. 1.3 1.4 ETE 211 2.2 2.3 2.4 ETE 3.11	ed Agent eignature requi	ired when reinstating)	DATE LERS AND DI	RECTOR Change	S IN 12 Addition Addition
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14. 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/34/17 Date 154) 527-4888

0292845