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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 659282

1. Corporation Name

C.M.S.-CONSTRUCTION MANAGEMENT SERVICES, INC.

Principal Plac	e of Business	Mailing Addre	ess		all.						
10 FAIRWAY D	RIVE	10 FAIRWAY	DRIVE							. ,	
SUITE 301 SUITE 301 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 3344						- (	De	NOT WE	ITE IN THIS	SPACE	
DEENTIELD DEACHT FL 3344				•			Date Incorporated			OFACE	
	•						03/14/1980				
2. Principal P	Place of Business	2a. Mailing A	ddress			4.	FEI Number	-		Α	oplied For
21		26					59-1980267				ot Applicable
Suite, Apt.	#, etc.	Suite, Apr	t. #, etc.			5.	Certifcate of Status	s Desired	times		Additional equired
City & Stat	te	City & Sta	ate			6.	Election Campaign	Financing		\$5.00	May Be
23		28					Trust Fund Contrib	ution	Ü	Added	to Fees
Žip	Country	Zip		Country		8.	This corporation of		rent year In		~d\
24	9. Name and Address of Curren	29 t Registered Age	3(	<u> </u>		10	Personal Property  Name and Addres		Registered	☐ Yes Agent	.Ajvo
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	AIRWAY DRIVE	Marie State (1997)		82	Street	Address (F	P.O. Box Number is	Not Accept	(able)	ra ti car	44 52 1111
	TE 301			83			7, 11 10	i i	11914		
DEE	RFIELD BEACH FL 33441			84	City				<u>,:                                      </u>	85 Zip	Code
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	e distribute	All 24		1 1							and and a second
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, F	lorida Statutes,	, the above	-named	corporation	n submits this stater	nent for the	purpose of	changing its	registered
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such ch	nange was auth	norized by	the corp-	corporation oration's bo	n submits this stater oard of directors. I h	nent for the ereby acce	purpose of pt the appo	changing its intment as re	gistered
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14. I 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 the address, with all other like empowered.

SIGNATURE:

MIUNE NEWDINED

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90028 026 \*\*\*158.75