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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

681458

(6)

LANZO C

| ONSTRUCTION | CO., FLORIDA | | |
|-------------|-----------------|--|--|
| Business | Mailing Address | | |

| Principal Place of Business Mailing Address | | | | | | |
|---|---|--|-------------------------|----------|--|---|
| 1900 NW 44 STREET 1900 NW 44 STREET POMPANO BCH FL 33064 POMPANO BCH FL 330 | | | | | | |
| | | POMPANO BCH FL 33064 | | | DO NOT WRITE IN THIS CRACE | |
| | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
| | | | | | | T T T T T T T T T T |
| 2 Principal F | Place of Business | 2a. Mailing Address | | | | 08/07/1980 4. FEI Number Applied For |
| 21 | ido di Baamada | 26. Walling Address | | | 59-2011933 Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 00.75 | |
| 22 | | 27 | | | | 5. Certificate of Status Desired |
| City & State | | City & State | | - | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | 28 | | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | <u> </u> | ountry | • | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. L. Yes L. No |
| | e. Name and Address of Curren | t Registered Agent | | 81 | Name | 10, Name and Address of New Registered Agent |
| (| D'ALESSANDRO, GUISEPPE | | | 6' | Name | ' |
| | 900 NW 44TH ST | | | 82 | Street | t Address (P.O. Box Number Is Not Acceptable) |
| F | POMPANO BEACH FL 33064 | | | 83 | | |
| | | | | 63 | | |
| | | | | 84 | City | FL 85 Zip Code |
| | | 2 COZ 4500 Fi | | <u> </u> | | |
| office or | to the provisions of Sections 607.0502 registered agent, or both, in the State | z and 607.1508, Florida Statt of Florida. Such change was | ites, the a authoriz | ed by | the cor | d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered |
| agent. I a | m familiar with, and accept the obliga | itions of, Section 607.0505, F | Iorida Sta | atutes | 3 . | |
| SIGNATURE | Signature, typed or printed name of registered agen | ul and tills if any facility | TC Bonisto | od Ano | nt eigneture | re required when reinstating) DATE |
| 12. | OFFICERS AND | | 13 | | att Bigliatore | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P | DELETE | | TITLE | | Change Addition |
| NAME | D'ALESSANDRO, QUIRINO | | 1.2 | NAME | | |
| STREET ADDRESS | 17455 IRIS CR. | | 1.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | CLINTON TWNSHIP MI | | 1.4 | CITY - S | T- ZIP | |
| TITLE | VS | DELE TE | 2.1 | TITLE | | Change Addition |
| NAME | D'ALESSANDRO, QUISEPPE | | 2.2 | NAME | | |
| STREET ADDRESS | 6208 NW 72ND WAY | | 2.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | PARKLAND FL | | 2. 4 | CITY-S | ST-ZIP | · |
| TITLE | VT | ☐ DELETE | 3.1 | TITLE | | Change Addition |
| NAME | D'ALESSANDRO, ANGELO | | 3.2 | NAME | | |
| STREET ADDRESS | 6689 NW 26TH WAY | | 3.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4. | CITY-S | ST-ZIP | |
| TITLE | VP | ☐ DELETE | 4.1 | TITLE | | Change Addition |
| NAME | TILU, MATTHEW P | | 4. 2 | NAME | | |
| STREET ADDRESS | 8302 NW 37TH STREET | | 4.3 | STREET | ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | | _ | CITY-S | 1-ZIP | |
| TITLE | AS | ☐ DELETE | | TITLE | | Change Addition |
| NAME | BEATY, ROBERT 111 | | | NAME | | |
| STREET ADDRESS | 1864 GOLFVIEW | | 5.3 | STREET | ADORESS | |
| CITY-ST-ZIP | S. DAYTONA FL 32119 | T 65.555 | | CITY-S | T- ZIP | |
| TITLE | AS | DELETE | | TITLE | | ☐ Change ☐ Addition |
| NAME | FEGHIYANGJEH, MASOOD | | | NAME | | |
| STREET ADDRESS | 14735 SW 81 AVENUE | | | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33158 | | 6.4 | CITY-S | T-ZIP | |

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 suppliemental 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.

CORN-PER-UP #

FILED

Mar 27 1998 8:00am

Secretary of State