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PROFIT CORPORATION ANNUAL REPORT

1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 14 1998 8:00am

Secretary of State

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIF

K39734

(4)

COLSON CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address P.O. BOX 50028 P.O. BOX 50028 LIGHTHOUSE POINT FL 33074 LIGHTHOUSE POINT FL 33074 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1988 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0130271 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KIPNIS, ALAN ONE FINANCIAL PLAZA #2308 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33394 83 84 City Zip Code 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 reinstating) Stgnature, typical or printe timene of registered agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ___ Addition COLSON, EDWARD M 1.2 NAML NAME P.O. BOX 50028 N/A 1.3 STREET ADDRESS STREET ADDRESS LIGHTHOUSE POINT FL 33074 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TIFLE 21 TITLE COLSON, GLEN NAME 2.2 NAMI 2422 TIMBERCREEK CIRCLE, N.W. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2.4 CHY-SI-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIF DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIE DELETE ☐ Change Addition TITLE **5.1 TITLE** NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 C(1Y - S1 - 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 exemption or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in