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 # M60353

(3)

SCHARNAGL CONSTRUCTION, INC.

FILED Feb 19 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | |
|---|--|---|---------------------|--------------------------------|----------------------------|--|
| SCHARNAGL CONSTRUCTION, INC. 10755 SW 190TH STREET, BAY 54 MIAMI FL 33157 | | SCHARNAGL CONSTRUCTION, INC. 10755 SW 190TH STREET, BAY 54 MIAMI FL 33157 | | | DO NOT WRITE IN THIS SPACE | |
| US | | US | | | | 3. Date Incorporated or Qualified 10/07/1987 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0008354 Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| City & State | 9 | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | p Country | | | Trust Fund Contribution |
| Zip | Country | Zip | 30 | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 25 29 30 30 30 30 30 30 30 30 30 30 30 30 30 | | | | | | 10. Name and Address of New Registered Agent |
| SCHARNAGL, ROBERT | | | | | Name | |
| 10755 SW 190TH STREET | | | | 82 Street Add | | ddress (P.O. Box Number is Not Acceptable) |
| | Y 54 | | | | Street AC | Juless (F.O. abx Number is Not Acceptable) |
| | MI FL 33157 | | | 83 | | |
| ***** | | | - | 84 | City | |
| | | | | | • | FL |
| 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 Storatore typied or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | Signature, typied or printed name of registered ages OFFICERS AND | | 13. | 1 Ager | ni signature re | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 10 | TLE . | | T ☐ Change ☑ Addition |
| NAME | | | 1.2 NA | | | SCHARUAGL, ROBERT |
| STREET ADDRESS 13001 S.W. 106 ST. | | | 1.3 STREET ADDRESS | | address | 13001 Sw 106 ST |
| CITY-ST-ZIP | A 15 A A 41 MI | | 1.4 CF | | | MIRMI, FL 33186 |
| TITLE | V | DELETE | 2.1 TITLE | | | S ☐ Change 🖼 Addition |
| NAME | SCHARNAGL, TIMOTHY | | 2.2 NAME | | | SCHNENAGL, TIMOTHY |
| STREET ADDRESS | | | 2.3 ST | reet / | address | 28105 SW 168 TH CT. |
| CITY-ST-ZIP | | | 2. 4 C | | | HOMESTERD FL. 33030 |
| TITLE | ST DELETE 3.1 TI | | TLE | - ! | ☐ Change ☐ Addition | |
| NAME | | | 3.2 NA | ME | | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 3.4. C | | T-ZIP | Change Addition |
| TITLE | | | | 4.1 TITLE 4.2 NAME | | C Direction |
| NAME | | | | 4.2 NAME 4.3 STREET ADDRESS | | |
| STREET ADORESS | | | | 4.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | | 5.1 TO | | 1-211 | ☐ Change ☐ Addition |
| NAME | | | 5.2 NA | | | |
| STREET ADDRESS | | | 5.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CI | | | |
| TITLE | | DELET e | 6.1 TIT | | | Change Addition |
| NAME | | | 6.2 NA | ME | | |
| STREET ADDRESS | | | 6.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CI | TY-ST | I - 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 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.