Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90196 040 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

DOCUI	MENI # P93000	008008						
 Corporation 	CONSTRUCTION & DEVELO				1	l		
5/11/01/								JEREN MAN HERK
Daine in all Disease	of Dunings	Mailing Address						
Principal Place		Mailing Address						
2033 MAIN STREET 2033 MAIN STREET SUITE 400 SUITE 400						1		
****		SARASOTA FL 34237				DO NOT WRITE IN T	HIS SPACE	
	• • • • • • • • • • • • • • • • • • • •					3. Date Incorporated or Qualifed		
_						01/29/1993		
		2a. Mailing Address	. 1			4. FEI Number		olied For
21		Suite, Apt. #, etc.			65-0387517	\$8.75 A	Applicable	
Suite, Apt.	#, etc.				5. Certifcate of Status Desired	Fee Rec		
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 1	`
	3	28				Trust Fund Contribution	Added to	· 1
23 Zip				ту		This corporation owes the current year		
24	25 29 30					Personal Property Tax.		□No
24	9. Name and Address of Current		<u>, T</u>			10. Name and Address of New Register	red Agent	
			8	1 Name	3			
	KIN, LAWRENCE M		-	2 Street	+ Addres	ss (P.O. Box Number is Not Acceptable)		
	MAIN STREET		آ ا	2 30000	Muuico	is (F.O. Dox Hulling) to Hot / toopia		
	E 400		8	13				
SAR	asota fl 34237		<u>-</u>	34 City			85 Zip C	inde:
				"			FL -	
11. Pursuant	to the provisions of Sections 607.0507	2 and 607.1508, Florida Statutes	s, the abo	ve-named	d corpor	ation submits this statement for the purpose's board of directors. I hereby accept the ap	e of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Florid	inorizeu ⊔ da Statut∈	y ine corp es.	porauon	S board of directors. Thereby accept the ea	pomunen as . s	Jistereu
SIGNATURE								
	Signature, typed or printed name of registered agen			gent signature	required w	when reinstating) DATE		20 (5) 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	Addition
TITLE	P AND AND CON D	☐ DELETE	1.1 TITLE		-		□ outride	
NAME	OHMAN, NELSON P			1.2 NAME				
STREET ADDRESS	2033 MAIN STREET / STE - 40	U		EET ADDRESS	3			
CITY-ST-ZIP	SARASOTA FL	▼ Vocastr	1.4 CITY		+		☐ Change	Addition
TITLE	S DETER	OELETE	21 TITLE				- Origings	
NAME	HAUSNER, PETER	n	2.2 NAME		_			
STREET ADDRESS	2033 MAIN STREET / STE - 40	U		EET ADDRESS	3			
CITY-ST-ZIP	SARASOTA FL	T nei ete	2. 4 CITY		┼	<u> </u>	☐ Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE			· . ·	□ oums,	
NAME			3.2 NAMI		_			
STREET ADDRESS				EET ADDRESS	3			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE		┼─-		☐ Chaпge	Addition
TITLE	1		4.1 IIILE					
NAME				™E EET ADDRESS				
STREET ADDRESS			4.3 STRE		1			
CITY-ST-ZIP TITLE			5.1 TITLE		+	***************************************	Change	Addition
NAME		<u> </u>	5.2 NAME			•	_	·.=.
STREET ADDRESS				EET ADDRESS	s	•		
CITY-ST-ZIP	ļ		5.4 CITY		1			
TITLE		☐ DELETE	6.1 TITLE	É	+-		Change	Addition
NAME		_	6.2 NAMI	E				
STREET ANDRESS			6.3 STRE	EET ADORESS	s			

14. 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 aparthment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP