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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096716

1. Corporation Name
CONSTRUCTIVE INNOVATIONS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3542 DERBY LANE
WESTON FL 33331
US

Mailing Address
3542 DERBY LANE
WESTON FL 33331

3. Date Incorporated or Qualified
11/27/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0710761

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, ROBERT C
5979 NW 151 STREET, STE. 208
MIAMI LAKES FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Robert C Jensen

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE DP
NAME MAZZARELLA, JOHN
STREET ADDRESS 3542 DERBY LANE
CITY-ST-ZIP WESTON FL 33331

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME MAZZARELLA, JANE
STREET ADDRESS 3542 DERBY LANE
CITY-ST-ZIP WESTON FL 33331

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

John Mazzarella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

Daytime Phone #

CR2E034 (1/1/98)