2-27-98 B-2643 C N: 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

ii corporano	MEN # P970(HOUSE CONSTRUCTION,	` '		
Principal Plac	e of Business	Malling Address		T IRESUBER IIO LOUGE TORSE ORDER DOUGH BIOLOGI IION DOUGH LEADER THERE AND A CALL
5265 N.F. 2N	ND AVE	5265 N.E. 2ND AVE.		
Zip Country 25 - 9. Name and Address of Curry HAMILTON, JOAN 1121 N.E. 1ST AVE. FT. LAUDERDALE FL 33304	FT. LAUDERDALE FL 33334		00 1107 11107 1117 117 117 117	
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
a Principal D	Diago of Business	2a. Mailing Address		12/03/1997 4. FEI Number Applied Fo
	-, ·			65-0796 915 Not Applied Po
Suite, Apt. #, etc. Suite, Apt. #, etc.			SR 75 Additions	
22	•	27		5. Certificate of Status Desired Fee Required
	θ	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24		29	30	Personal Property Tax due June 30. Yes No
.,		ent Registered Agent		10. Name and Address of New Registered Agent
TL/A			81 Name	
			82 Street Add	dress (P.O. Box Number is Not Acceptable)
FT.	FT. LAUDERDALE FL 33304			
			83	
			84 City	85 Zip Code
				rporation submits this statement for the purpose of changing its registe
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agent and title if applicable (NO	TC: Registered Agent signature requ	Ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	☐ DELET E	1.1 TITLE	☐ Change ☐ Add
NAME	IMBROGNO, JOHN		12 NAME	
STREET ADDRESS	526 5 N.E. 2ND AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	<u> </u>	1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Add
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 Crty-ST-ZiP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		T Drugge	3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change (Addi
NAME ATOMET ADDRESS			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addi
NAME			5.2 NAME	C. Almande C. Manie
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addi
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST. 7ID			64 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.

2/12/01/

FILED

Feb 27 1998 8:00am

Secretary of State