Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90084 045 ***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

1. Corporation	MENT # S24166 MITH BUILDERS INC.	}						
Principal Place	of Business	Mailing Address	••			i issuisis ins listi sissi lisia silla sill sill		an Biail aidh iadh
1044 SW 13 ST. 1044 SW 13 ST.								
BOCA RATON FL 33486 BOCA RATON FL 33486						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed	0 0. 7.02	
						01/10/1991		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21 26						65-0238609		Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired			Fee	5 Additional Required
City & State						6. Election Campaign Financing Trust Fund Contribution		08 May Be ed to Fees
Zip	Country	Zip Cou				This corporation owes the current year		
24	25	29 3	0			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent _	
-				81	Name			
SMITH, DAVID				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
22386 SW 57TH CIR			}-	83				
BOCA RATON FL 33428				83		<u> </u>		
			- }	84	City	F		Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statutes of Florida. Such change was autlations of, Section 607.0505, Florid	, the ab horized la Statu	ove- by ti tes.	named cor he corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing pointment a	g its registered s registered
SIGNATURE						ired when reinstating) DATE		_
			egistered Agent signature require			ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 12
12.	P	DELETE	1.1 TITI	E		7,007,107,07,07,07,07,07,07,07,07,07,07,07,07,0	Char	
NAME	SMITH, DAVID		1.2 NA/	VΕ	}			
STREET ADDRESS	22386 SW 57TH CIR		1.3 STF	EET/	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CIT	Y-ST-	ZIP			
TITLE	VP			Æ	1		Char	nge
NAME	HURD, DALE E		2.2 NAME		ļ			
STREET ADDRESS	1260 NE 40TH STREET				ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064		2. 4 CITY-ST-ZIP		-ZIP		Cha	nge
TITLE	☐ DELETE		3.1 TITLE					
NAME			3.2 NAI		ADDRESS			1
STREET ADDRESS			3.4 CIT		l			4
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		- elf		☐ Cha	nge Addition
NAME			4. 2 NA					
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY-ST-ZIP			4.4 CIT					
·•		□ OE! ETE	5.1 TO	-	T	,	☐ Cha	nge Addition

6.4 CITY-ST-ZIP 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 an an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZiP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DAVID

☐ OELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition