## 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 #

(2)

NANCE CONSTRUCTORS, INC.

FILED									
Apr	14 19	998 8	8:00am						
Sec	creta	ry of	State						

•••								
Principal Place of Business Mailing Address					-		-{	IIVH DIGIL IVOL
6411 SW 7 ST 6411 SW 7 ST PEMBROKE PINES FL 33023 PEMBROKE PINES FL 33023			2023	3		,		
remonante fines fl 33023						OULU	DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 02/01/1991	
2. Princi	2. Principal Place of Business 2e. Mailing Address					Applied For		
21 28						Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						Additional Required		
City & State City & State							O May Be	
23	28 Country Zip Country				d to Fees			
Zip 24	25	29	Zφ	Country			8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	Intangible
27]		ress of Current Regis	stered Agent	[30]	10. Name and Address of New Registered Agent			
	SANTIAGO, NANCY J				81	Name		
	6411 SW 7 ST				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33023								
					83			
					84	City	FL 85 Zi	p Code
11. Purs	uant to the provisions of Se	ctions 607 0502 and 6	07 1508 Florida Statu	tes the el	DOVE	a-named corp		its registered
offic ager	e or registered agent, or bo it. I am familiar with, and e	oth, in the State of Flori ecept the obligations of	ida. Such change was of, Section 607.0505, F	authorize lorida Stat	d by	the corporati	oration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment is	as registered
SIGNATI	JRE	me of registered agent and little						
12,		OFFICERS AND DIRE		13.	1 Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	OBS IN 12
TITLE	PTD		☐ DELETE	1.1 TI	TLE	T	Change	
NAME	SANTIAGO, NAI	NCY J.		1.2 N	AME	1		J <sub>3</sub>
STREET ADO	DRESS 6411 SW 7 ST 1.3 ST		REET	ADDRESS		1		
CITY-ST-ZI		ES FL		1.4 CI	TY-S	T - ZIP		
TITLE	VSD	340 D	☐ DELETE	2.1 Ti	TLE		Change	e
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NAME				4.2 N	AME			
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NAME	ĺ			6.2 N	AME			
STREET ADD	RESS			6.3 \$	TAEET	ADDRESS	•	J
CITY+ST-ZI				6.4 CI				
14. I her	eby certify that the informa	tion supplied with this	filing does not qualify	for the exe	emp	tion stated in t	Section 119.07(3)(i), Florida Statutes, I further certify that the shall have the same legal effect as if made under oath:	he 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy

J. Santiago (954)9629212