FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 24 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # V32617** (5) LAVIOLETTE CONSTRUCTION CORP. Principal Place of Business Mailing Address 5011 SW 167TH AVE 5011 SW 167TH AVE FT LAUDERDALE FL 33331 FT LAUDERDALE FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/27/1992 2a. Mailing Adoress 2. Principal Place of Business 4. FEI Number 65-0332579 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country a. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LAVIOLETTE, GEORGE 5011 SW 167TH AVE Street Address (P.O. Box Number is Not Acceptable) 82 FT LAUDERDALE FL 33331 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 67 0507 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. Thereby accept the appointment as registered agent, I am fam liar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature Expection proved harm of respect to a specific but the Lapple above (NCTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE LAVIOLETTE, GEORGE 1.2 NAME 5011 SW 167TH AVE 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-7IF DELETE 3 1 TITLE Change TITLE NAME 32 NAME 3.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

CHTY - ST - 719 6.4 CITY - ST - ZIP 14. Thereby 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 changing the annual report as a captured by Chapter 607, Florida Statutes; and that my name appears in

4.4 CITY - ST - ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

care LaViolette

DELETE

DELETE

2-13-98

954-680-1822

Change

Change

___ Addition

Addition

☐ Addition

Addition

Addition

Addition

Applied For

Not Applicable