## Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90097 029 \*\*\*150.00

## PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

_ <b>i</b>	1999				<b></b>   !			
DOCUI	MENT # 626600			,				
	CONSTRUCTION, INC.							
- MULLER	•					A LEGRAR CHAIR FIRM CHILD AND AND COURS	ON BURN OLDIN OLDIN DIBLI	Tau máiren
				.*				ATT SECTION
Principal Place	e of Business	Mailing Address		-		1 18212 2110 11015 Stree Breit Blitt	Dit #1211 51211 21211 21211	#1#11 #1#11 (##1
37 STAR ISLAM	ъ.	37 STAR ISLAND	•				•	
MIAMI BEACH	FL 33139	MIAMI BEACH FL 33139				DO NOT WRITE I	N THIS SPACE	
					3. D	ate Incorporated or Qualifed		
•	•	•			1	06/19/1979		}
2. Principal P	tace of Business	2a. Mailing Address				El Number	A	plied For
21		26			5	59-1938421	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				ertificate of Status Desired		Additional
22	the second second	27					, Fee Ri	<del></del>
City & Stat	θ,	City & State				lection Campaign Financing		May Be
23		<b>28</b> Zip	Cou	intry		rust Fund Contribution		O 1 665
Zip	Country	. — Т	30		i i	his corporation owes the current ersonal Property Tax.	Yes Yes	□No
24	9. Name and Address of Current		30	r		lame and Address of New Regi	stered Agent	
	· (entitle mile reaction or			81 Name				ļ
MEL	and & Russin, P.A.			82 Street Ad	Idraes (D. O	). Box Number is Not Acceptable	· · · · · ·	
200 S. BISCAYNE BLVD., SUITE 2420				62 Street AD	- Turesa (F.C	. Dox (validation)	, 	
MIAI	MI FL 33131			83				i
	•			84 City			85 Zip	Code
	•		1				<u>- FL                                     </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the a	bove-named co	rporation s	abmits this statement for the pure of of directors. I bereby accept the	pose of changing its a appointment as re	registered gistered
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	ighs of Section 607 2505. Flor	ida Stat	utes.			1-1-	
SIGNATURE			•				1-3/7	
12.	Signature, typed or printed name of registered agent OFFICERS ANS		Registered	Agent signature requ	AD	DITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PO	DELETE	1.1 11	TLE			☐ Change	☐ Addition
NAME	REIBER, NATHAN		1.2 N	AME .				
STREET ADDRESS	37 STAR ISLAND						•	
CITY-ST-ZP	MIAMI BEACH FL 33139		1.3 \$1	TREET ADDRESS				i
TITLE				TY-ST-ZIP				
		C] DELETE		TY-ST-ZIP			Change	☐ Addition (
NAME	STD REIBER, CAROLEE	C] DELETE	1.4 CI	TY-ST-ZIP			. Change	☐ Addition (
	STD REIBER, CAROLEE	☐ DELETE	1.4 CI 2.1 TT 22 N	TY-ST-ZIP		·	☐ Change	☐ Addition /
NAME	STD REIBER, CAROLEE	مود موسد و ماالموسد در الدس	1.4 CI 2.1 TI 2.2 NI 2.3 ST 2.4 C	TY-ST-ZIP TILE AME TREET ADDRESS EXTY-ST-ZIP			<u>.</u>	
NAME STREET ADDRESS	STD REIBER, CAROLEE 37 STAR ISLAND MIAMI BEACH FL 33139 — VPD	☐ DELETE	1.4 CI 2.1 W 2.2 N/ 2.3 SI 2.4 C 3.1 TI	TY-ST-ZP TILE  AME TREET ADDRESS ETY-ST-ZP TILE			☐ Change	☐ Addition /
NAME STREET ADDRESS CITY-ST-ZIP	STD REIBER, CAROLEE 37 STAR ISLAND MIAMI BEACH FL 33139 VPD MELAND, MARK S	DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV	TY-ST-ZIP TILE AME IREET AODRESS STY-ST-ZIP TILE AME			<u>.</u>	
STREET ADDRESS CITY ST-28P	STD REIBER, CAROLEE 37 STAR ISLAND MIAMI BEACH FL 33139 VPD MELAND, MARK S 200 S. BISCAYNE BLVD., #242	DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI	TY-ST-ZIP TILE AME TREET ADDRESS STY-ST-ZIP TILE AME TREET ADDRESS			<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REIBER, CAROLEE 37 STAR ISLAND MIAMI BEACH FL 33139 VPD MELAND, MARK S	O DELETE	1.4 CI 2.1 W 22 NV 23 SI 2.4 C 3.1 III 32 NV 33 SI 34. C	TY-ST-ZP THE AME TREET ADDRESS STY-ST-ZP THE AME TREET ADDRESS STY-ST-ZP			∵ Change	_ Addition
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NAME STREET ADDRESS CITY: ST-ZIP TITLE MAME STREET ADDRESS CITY: ST-ZIP TITLE NAME	STD REIBER, CAROLEE 37 STAR ISLAND MIAMI BEACH FL 33139 VPD MELAND, MARK S 200 S. BISCAYNE BLVD., #242 MIAMI FL 33131	O DELETE	1.4 CI 2.1 TI 22 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 NV	TY-ST-ZP TILE  AME TREET ADDRESS STY-ST-ZP TILE  AME TREET ADDRESS STY-ST-ZP TILE  AME	·		∵ Change	_ Addition
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14. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(ii) 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 eath; 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.

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