## 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** 

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90085 021 \*\*\*150.00

## DOCUMENT # 196447

1. Corporation Name

CARLSOI	N CONSTRUCTION CO					
Principal Place of Business Mailing Address					( 100:0) lines intid billi Albi Albi Jon; sinti nini eini aini aini aini aini aini	
2085 NE 121ST		2085 N.E. 121ST ROAD	N.E. 121ST ROAD			
NO MIAMI FL 30		N. MIAMI FL 33181				
US		US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
					10/01/1956	
n Mailine Address			<del></del>		4, FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address		المستحدد والمستحدد		59-0759045 Not Applicable		
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.		\$8.75 Additional	
<del></del>		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
28		28			Trust Fund Contribution Added to Fees	
Zip	Zip Country Zip Co		Country		8. This corporation owes the current year Intangible	
24	25	29 30	<u>,                                    </u>		Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Registered Agent	_	r	10. Name and Address of New Registered Agent	
040	CON DOCALIE		81	Name		
CARLSON, ROSALIE 2085 N.E. 121ST RD.			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			-			
NOH	TH MIAMI FL 33181		83			
			84	City	FL 85 Zip Code	
				<u> </u>		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorized by	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE					required when reinstating) DATE	
	Signature, typed or printed name of registered age	ND DIRECTORS	<u> </u>	nt signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	13. 1.1 IIILE	. 1	PRESIDENT Change Addition	
NAME	CARLSON, JON E		1,2 NAME		DOHN R. CARISON	
STREET ADDRESS	2085 NE 121ST RD		1.3 STREET	TADDRESS	1085 N.E. 121 ROAD	
CITY-ST-ZIP	N MIAMI FL 33181		1,4 CITY-S		No. MIAMI, FL. 331 81	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	CARLSON, ROSALIE		2.2 NAME	ŀ		
STREET ADDRESS	2085 NE 121ST RD		2.3 STREET	T ADDRESS	ا سمام با با	
CITY-ST-ZIP	MIAMI; FL 00000		2. 4 CITY-S	ST-ZIP		
TITLE	1	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME.			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADDRESS	;	
CITY-\$T-ZIP			3.4, CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		·	4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS				TADDRESS	s (	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DÉLETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

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, with all other like empowered.

SIGNATURE: