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May 06 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 362153

1. Corporation Name

ALTMAN-BARRY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
5722 So. Flamingo Rd.	5722 So. Flamingo Rd.
Ft. Lauderdale, Fl 33330	Ft. Lauderdale, Fl. 33330

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1970
4. FEI Number: 59-1294004 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee Fl 32301

10. Name and Address of New Registered Agent

81 Name: CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Altman, Robert		1.2 NAME	
STREET ADDRESS	8901 SW 108th Street		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~Miami Fl~~		1.4 CITY-ST-ZIP	
TITLE	STVP	☐ DELETE	2.1 TITLE	PSTVP ☒ Change ☐ Addition
NAME	Mendelewicz, Barry		2.2 NAME	Mendelewicz, Barry
STREET ADDRESS	5400 SW 148th Avenue		2.3 STREET ADDRESS	5722 So. Flamingo Rd.
CITY-ST-ZIP	~~Ft. Lauderdale, Fl~~		2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33330
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	5/6
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	300002516883
STREET ADDRESS			6.3 STREET ADDRESS	-05/08/98--01051--009
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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.

SIGNATURE: Barry Mendelewicz VP 4/20/98 954-680-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #