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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 362153 1. Corporation Name ALTMAN-BARRY CONSTRUCTION INC.

	TOANNI CONSTRUCTION, II							
Principal Place	e of Business	Mailing Address			ועפוו ושפנו שוווע פוווו שוושפו ו	ום נושום נונו פסוום	ע ונקום נועוע וועו	(19)1 91811 (1 99)
5722 SO. FLAMINGO RD 5722 SO. FLAMINGO RD					1			
FT. LAUDERDALE FL 33330 FT. LAUDERDALE FL 33330					,			
· · · · · · · · · · · · · · · · · · ·				DO NOT WRITE IN THIS SPACE				
	•				3. Date Incorporated or Qualifer	d		1
					04/06/1970		T 1 4-	-11-2 5-0
2. Principal Pi	tace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	plied For
21	26 Suite Ant # etc				59-1294004		\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		Fee Re	j j
City & State				-	6. Etection Campaign Financing		\$5.00	
→ ´	e	28 Chy & Sizie			Trust Fund Contribution	'	Added t	
23 Zip	Country	Zip	Countr	v ·	8. This corporation owes the cu	rrent year Inta		
24	25		30	•	Personal Property Tax.	i, one your in	Yes	No
	g. Name and Address of Current		7		10. Name and Address of New	Registered.	Agent	
			8	1 Name	BARRY MENDELL	2.11.17		
	PORATION SERVICE COMPANY				ress (P.O. Box Number is Not Accep		·	
1201 HAYS STREET			8:	2 Street Add	122 So. FLAMI	VAD A	\$₽	
TALL	LAHASSEE FL 32301		8:	3		y - y , -		
			<u> </u>	<u> </u>			14-1 4	
			8	City Car	PER CITY	FL	85 Zip (330
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was au	thorized b	v the corporati	poration submits this statement for the on's board of directors. I hereby acc	e purpose of ept the appoi	changing its ntment as re	registered gistered
SIGNATURE	A BA	ram Mendelew	162	TRES		4/10/	99	
	Of the building of a social band asset							
	Signature typed or print charne of registered agent			ent signature requir	ed when reinstating)	DATE	ID DIRECTO	DS IN 12
12.	OFFICERS ANI	D DIRECTORS	13.		ed when reinstating) ADDITIONS/CHANGES TO O	FFICERS AN		
12.	STVP OFFICERS AND		13. 1,1 TITLE			FFICERS AN	D DIRECTO	RS IN 12
12. TITLE NAME	STVP MENDELEWICZ, BARRY	D DIRECTORS	13. 1.1 TITLE 1.2 NAME			* DATE FFICERS AN		
12. TITLE NAME STREET ADDRESS	OFFICERS AND STVP MENDELEWICZ, BARRY 5722 SO. FLAMINGO RD	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS		FFICERS AN		
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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 suppliemental 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

REBANDEL TUSAS 4/10/99

May 03, 1999 8:00 am Secretary of State

05-03-1999 90117 041 ***150.00