Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90195 004 \*\*\*150.00

## 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

DOCUMENT # 372143  1. Corporation Name  OREN CONSTRUCTION COMPANY, INC.							
07,1277							
Principal Place of Business Mailing Address							
3200 70TH STREET. SW 3200 70TH STREET. SW							
NAPLES FL 34105 US		NAPLES FL 34105 US		DO NOT WRITE IN THIS SPACE			
03		00			3. Date Incorporated or Qualifed		
					11/03/1970		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	<u> </u>	plied For
21		26		59-1310154	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.73</b> A		
22		City & State		6 Floation Compaign Figureing	\$5.00		
City & State		28		6. Election Campaign Financing Trust Fund Contribution	Added to	- (	
Zip Country		Zip Country		,	This corporation owes the current year intangible		
24	25	<u> </u>	30		Personal Property Tax.		□No _
24	9. Name and Address of Curren				10. Name and Address of New Registered	J Agent	
			81	Name			
OREN,PAUL E				Street Add	Iress (P.O. Box Number is Not Acceptable)		
3200 70TH STREET, SW							
NAPI	LES FL 34105		83				
			84	City	F	85 Zip C	Code
							ragistared
office or re	egistered agent or both in the State.	of Florida. Such change was aut	tnonzed by	the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes	3.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title of applicable (NOTE: [	Registered Age	nt signature requir	ed when reinstating) DATE		<del></del> }
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	
TITLE	PCM	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	OREN,PAUL E		1.2 NAME	-			{
STREET ADDRESS	3200 70TH STREET, SW		13 STREE	T ADDRESS			
CITY-ST-ZIP	NAPLES FL 34105		1.4 CITY- S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition [
NAME	OREN, THAD		2.2 NAME				. [
STREET ADDRESS	3200 70TH STREET, SW			T ADDRESS			
CITY-ST-ZIP	NAPLES FL 34105		2, 4 CITY-	ST- ZIP	<del></del> -	☐ Change	Addition
TITLE	SD	☐ DELETE	3.1 TITLE			- Ollaride	L <sub>ad</sub> (Addition)
NAME	OREN, LANIA		3.2 NAME 3.3 STREET ADDRESS				
STREET ADDRESS			3.4. CITY-ST-ZIP				Ì
CITY-ST-ZIP TITLE	NAPLES FL 34105	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	TD Oren, Craig D.		4, 2 NAME				
STREET ADDRESS:	3200 70TH STREET, SW		4.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34105		44 CITY-ST-ZIP		<u></u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		· .		ļ
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		☐ DELETE	61 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			i

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.

6.4 CITY-ST-ZIP

SIGNATURE:

94/- 262- 5249 Daytime Phone #