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 13, 1999 8:00 am Secretary of State

04-13-1999 90080 024 ***150.00

DOCUI	MENT # 395777							
•	N CONCRETE, INC.							
WODER	OOROHETE, INO.					CONTROL DE LA CO	en Bibli Bibli	BIBIO BIBIO KBBO
Principal Place	e of Business	Mailing Address						,
5512 NW 10TH TERR. 5512 NW 10TH TERR.								
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309					• •	DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						02/14/1972		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	I A	pplied For
21 26						59-1380699		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
27						5. Certifcate of Status Desired	Fee R	equired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23	· ·	28	•	-		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Inte	angible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent		١		10. Name and Address of New Registered	Agent	
ČDE I	NCED MI			81	Name			
SPENCER, M L 1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401				82	Street Addi	Address (P.O. Box Number is Not Acceptable)		
								· · ·
W. FALM DEAUTIFE 33401				83				
		•		84	City		85 Zip	Code
				<u>ļ</u> .		FL	shanaina it	o registered
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State (2 and 607.1508, Florida Statut of Florida. Such change was a	es, tne uthorize	above ed by	e-named corp the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	ntment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Sta	tutes	•]
SIGNATURE	Signature, typed or printed name of registered agen	A and title if anytherable (NOTE	Dogetor	nd Ager	t signature secuire	ad when reinstating) DATE		
12.	OFFICERS AN		13		it signature require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	DP	☐ DELETE	_	TITLE			Change	☐ Addition
NAME .	SPENCER, M L		1.2	NAME			•	}
STREET ADDRESS	5512 N W 10TH TERR		1.3	STREET	ADDRESS			
CITY-ST-ZIP	FT LAUD, FL 00000		1.4	CITY-S	T-ZIP	_		
TITLE	DV	☐ DELETE	2.1	TITLE			Change	☐ Addition
NAME	SPENCER, GILBERT		2.2	NAME		•	-	
STREET ADDRESS	5512 N W 10TH TERR		2.3	STREET	ADDRESS			,
C/TY-ST-ZIP	FT LAUD, FL 00000		2.4	CITY-S	IT-ZIP			
. TITLE		DELETE	3.1	TIŢLE			Change	Addition
NAME	·		3.2	NAME				Ì
STREET ADDRESS			3.3	STREET	ADDRESS		٠	
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP			
TITLE		☐ DELETE	4.1	TITLE			Change	☐ Addition
NAME			4.2	NAME				
STREET ADDRESS]		4.3	STREET	FADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			Addition
TITLE		☐ DELETE		TITLE		,	Change	☐ Addition
NAME			E	NAME				
STREET ADDRESS					TADDRESS	•		
CITY-ST-ZIP		. □ DELETE		CITY-S'	1-212		Change	Addition
TITLE		☐ DELETE		NAME				
NAME					T ADDRESS			İ
STREET ADDRESS	· ·		0.3	SIREE	- ANDINESS			

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:

