## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	DIVISION	N OF CORPORATI	ONS			
DOCUI	MENT # 41787	'6 (0)					
,	CONSTRUCTION, INC.	•					
Principal Place	of Business	Mailing Address			( ) (60)(4) () (100) (100) (150) (150) (160)	olia bibil bibil bibil	i Diski Didil Gillii (84)
1126 S FEDERAL HWY #166 1126 S FEDERAL HWY FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL							
roni Dibbe	HUMLE PL 33316	FORT LAUDERDAL	E FL 33316				
					3. Date Incorporated or Qualified 01/26/1973	3a, Date of L 08/15	
2. Principal Pl.	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1743026		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc				· ·	Not Applicable  8.75 Additional
22		27			5. Certificate of Status Desired	1 1	Fee Required
City & State	•	City & State		·	6. Election Campaign Financing	Fm \$	5.00 May Be
Zip	Country	<b>28</b> Zip			Trust Fund Contribution		Added to Fees
24	25	29	Country 30		8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax und No	ders 199.032,
	9. Name and Address of Curre		1901		10. Name and Address of New F		it
			81	Name			
	VALD, IRA W.		82	Street Addi	ress (P.O. Box Number is Not Acceptat	le)	
	FEDERAL HWY			0.700.7100.			
FORT LA	NUDERDALE FL 33316		83				
			64	City		<b>—.</b> 85	Zip Code
11 Pursuant t	in the provisions of Sections 607.050	72 and 607 1509 Florida Ct	at ites the chair		ration submits this statement for the pu	F1.	1 .
or register	ed agent, or both, in the State of Flo	rida. Such change was auth	norized by the corp	nameo corpoi oration's boa	ration submits this statement for the pul rd of directors. I hereby accept the app	pose of changing pintment as regis	jits registered office tered agent. I am
	m, and accept the colligations of, Sec	ction 607.0505, Florida Stat	utes.			_	-
SIGNATURE _	Signature typed or printed name of registered age	int and title if applicable.	(NOTE: Registered Ager	It signature require	d when reinstating:	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRE	CTORS IN 12
TITLE	PD PD	DELETE	1, 1 TITLE	l		☐ Cha	ange 🗌 Addition
NAME CIGGGI ADDRESS	Greenwald, Ira W. 1236 S. Federal Hwy		1.2 NAME				
STREET ADDRESS	FORT LAUDERDALE FL		1.3 STREET				
CITY-ST-ZIP THUF	ST ST	☐ DELETE	1.4 CITY - S 2 1 TITLE	T-ZIP			nos 🗖 taldilios
NAME	GREENWALD, DORIS	[ Decent	2 2 NAME			☐ Cha	ange 🔲 Addition
STREET ADDRESS	2518 S.W. 30TH AVE		2.3 STREET	ADDRESS			
C-TY-ST-ZiP	FORT LAUDERDALE FL		2.4 CITY - S	i			
TrTLE	D	☐ DELETE	3. 1 TITLE			☐ Cha	ange 🔲 Addition
NAME	GREENWALD, DORIS M.		3 2 NAME				
STRÉET ADDRESS	2518 S.W. 30TH AVENUE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL	□ DECETE	3.4 CITY - S	T- ZIP			
TITLE NAME		☐ DEFE1E	4. 1 TITLE			☐ Cha	inge 🔲 Addition
STHEET ADDRESS			4.2 NAME	*VUDDLCC			
CITY-ST-7IP			43 STREET	·			
TITLE		DELETE	4.4 CITY - S 5. 1 TITLE	1-215		☐ Cha	inge 🗍 Addition
NAME		*****	5.2 NAME			Ļ \$10	-a
STREET ADDRESS			5.3 STREET	address			
CITY-ST-ZIF			5.4 CITY-S	r- ZIP			
TITLE		DELETE	6. 1 TITLE			☐ Cha	nge 🔲 Addition
NAME STOCKET ADDRESSES			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CHY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily	64 CITY-S'	-ZIP	or the exemption stated in Section 119.	77(2)(b) Fracida O	totidoo 16 de-
certify that	the information indicated on this and	ual report or europlomontal	applied roond in the	o and necessary	to and that my signature shall have the	or topicy, riuniua o	tatates, riortner

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 attagriment with an address.

SI	G	N	Δ.	TI	JR	F

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #