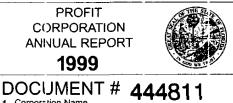
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



CONSTRUCTION CORPORATION OF FLORIDA

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90178 034 ***150.00

Principal Place	of Business	Mailing Address				
400 LESLIE DR.		400 LESLIE DR	<u>.</u>			
STE. 215		STE. 215				
HALLANDALE FL 33009		HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed 01/25/1974
2 Principal Di	ace of Rusiness	2a, Mailing Address				4, FEI Number Applied For
2. Principal Place of Business		26				59-1490701 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·	\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip Cour try		Zip	Zip Country			8. This corporation owes the current year intangible
24	25		30			Persor al Property Tax.
	9. Name and Address of Curre	ent Registered Agent		 04	Name	10. Name and Address of New Registered Agent
w∩ı	ofsky, peter			81	Name	
	LESLIE DR.			82	Street A	Acdress (P.O. Box Number is Not Acceptable)
SI'E. 215				83		
33:00				03		
-	•			84	City	FL 85 Zip Code
11 Pursuartt	to the provisions of Sections 607.05	502 and 607.1508. Florida St	atutes, the a	bove-	named o	or rooration submits this statement for the purpose of changing its registered
office (rr	egistered agent, or both, in the Stat	e of Florida. Such change wa	as ⊲uthorized	l by ti	he corpo	prittion's board of directors. I hereby accept the appointment as reg stered
	n familiar with, and accept the obliq	gairons of, Section 607.0305,	FIDRIUA SIAN	ul us .		
SIGNATUF₽	Signature, typed or printed na ne of registered a	gent and title if applicable (h	IOT E. Registered	Agent	signature re	equired when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	☐ DELETE	1.1 Tf	TLE		☐ Change ☐ Addition
NAME	Wolofsky, Kenneth		1.2 N	AME		
STREET ADDRESS	400 LESLIE DR		1.3 \$7	REET	ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000			TY-ST-	ZIP	
TITLE	PSD	☐ DELETE	2.1 111	TLE	+	☐ Change ☐ Addition
NAME	WOLOFSKY, PETER		2.2 NA		İ	
STREET ADDRESS	400 LESLIE DR		2.3 ST	REET A	ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000			ITY-\$1	-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE				
NAME			32 N/			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE		ITY-ST	-ZIP	☐ Change ☐ Addition
TITLE			4.1 M			
NAME					ADDRESS	
STREET ADDRESS			1	TY-ST-		
CITY-ST-ZIP TITLE		DELETE			ZIF	Change Addition
NAME			5.1 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-ST-	- 1	
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			6,210	ME.		
STREET ADDRESS			6.3 \$1	REET /	ADDRESS	
OUT OF 710			64 CI	TY.ST-	.ZIP	

14. I hereby certify that the information supplied with this filing does per qualify fir 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 imman officer or director of the corporation or the receiver or trustee impowered to execute this report as recuired 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:

CR2E034 (11/98)