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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 466221

1. Corporation Name

CONTINENTAL CONCRETE INC.

Principal Place of Business

**6600 N ANDREWS AVE
SUITE 200
FORT LAUDERDALE FL 33309
US**

Mailing Address

**P O BOX 93-9007
MARGATE FL 33093-9007
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1974

4. FEI Number

59-1616110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

**DAIELLO, THOMAS D ESQ.
4800 N. FEDERAL HWY., SUITE 307B
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SWAHN, GOSTA**
STREET ADDRESS **6600 N ANDREWS AVE STE 200**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **GMGR** ☒ DELETE

NAME **QUINN, THOMAS**
STREET ADDRESS **2001 W. SAMPLE ROAD, #401**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **VD** ☐ DELETE

NAME **RAAB, ROBERT**
STREET ADDRESS **6600 N ANDREWS AVE STE 200**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **V** ☒ DELETE

NAME **SUTTON LARRY**
STREET ADDRESS **6600 N ANDREWS AVE STE 200**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **V**
1.2 NAME **MASON, JAMES**
1.3 STREET ADDRESS **6600 NORTH ANDREWS AVE, STE 200**
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **SMITH, LARRY**
2.3 STREET ADDRESS **6600 NORTH ANDREWS AVE., STE 200**
2.4 CITY-ST-ZIP **FT LAUDERDALE, FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. 1/6/99
Date

Daytime Phone #

CR2E034 (11/98)