

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90003 012 \*\*\*150.00

DOCUMENT # **489214**

1. Corporation Name

**CENTRAL BROWARD CONSTRUCTION, INC.**



Principal Place of Business

931 N W 53 CT  
FT LAUDERDALE FL 33309

Mailing Address

931 N W 53 CT  
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/10/1975**

4. FEI Number

**59-1630388**

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LORD, KENNETH I**  
**2835 NE 35TH ST**  
**FT. LAUDERDALE FL 33306**

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                      | <input type="checkbox"/> DELETE |
| NAME           | LORD, KENNETH I         |                                 |
| STREET ADDRESS | 2835 NE 35TH ST         |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 00000 |                                 |
| TITLE          | ST                      | <input type="checkbox"/> DELETE |
| NAME           | LORD, KENNETH I         |                                 |
| STREET ADDRESS | 2835 NE 35TH ST         |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE, FL 00000 |                                 |
| TITLE          | EV                      | <input type="checkbox"/> DELETE |
| NAME           | NEWELL, ROBERT V.       |                                 |
| STREET ADDRESS | 10322 S.W. 50TH AVE.    |                                 |
| CITY-ST-ZIP    | COOPER CITY FL          |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | LORD, GAYLE A.          |                                 |
| STREET ADDRESS | 2835 NE 35TH ST.        |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL        |                                 |
| TITLE          | VP                      | <input type="checkbox"/> DELETE |
| NAME           | ECKENRODE, JAMES V.     |                                 |
| STREET ADDRESS | 17088 133RD TRAIL NORTH |                                 |
| CITY-ST-ZIP    | JUPITER FL              |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

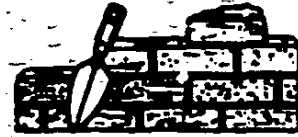
0062972

1-954-491-2772

7-1-99

Central  
Broward  
Construction, Inc.

489214  
588528-9003-12



*Specializing in Masonry*

LIC.# CG CA08548  
931 N.W. 53RD COURT  
FT. LAUDERDALE, FLA. 33309  
(954) 491-2772  
FAX (954) 772-0962

July 1, 1999

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

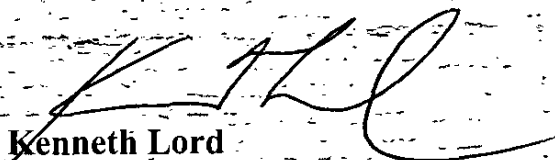
RE: Central Broward Construction, Inc. FEI#59-1630388

Dear Sir or Madam:

Today we received your 2<sup>nd</sup> Notice for the 1999 Profit Corporation Annual Report filing fee. We did not receive the first packet this year as we usually do.

After speaking with a representative from your office we were told to enclose our check in the amount of \$150.00 for the filing fee and a letter of explanation.

Sincerely,

  
Kenneth Lord  
President

KIL/sec

Enclosures