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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(1)

T & L BUILDERS, INC.

) 1864 H 2004 1840 2004 1844 2044 1944 2040 3140 3140 2014 2044 2064 2070 4440

| Principal Place of Business 10700 SW 57TH PL. FT. LAUDERDALE FL 33328 | | | | Mailing Address 1600 SW B3RD AVE FT. LAUDERDALE FL 33324 US | | | | 3. Date Incorporated or Qualified 03/21/1995 | | | |
|---|----------------------------|---|---|---|-------------------|-------------------------------------|---|--|------------|----------|------------------------------|
| p. Principal Place of Business 1600 5.W. 83 mc Suite, Apt. #, etc. | | | <u> </u> | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State | | | | 4, FEI Number Applie | | | pplied For lot Applicable |
| | | | -+ | | | | | 5. Certificate of Status Desired | | | Additional leguired |
| | | | | | | | | 6. Election Campaign Financing | | \$5.00 |) May Be |
| FT. LAUD, | | | 28 Cou | | | untry | | Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, | | | |
| | | Country 25 BROWARD. | 29 | Zip [29] | | 30 | | Florida Statutes | | | |
| 1 . <u>/ ~ ·</u> . | g Name | and Address of Curren | | ed Agent | | Ι | | 10. Name and Address of New F | legister | ed Agent | |
| | 7 | | | | | 81 | Name | | | | |
| MORIN, THOMAS A 10700 SW 57TH PL. | | | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| FT. LAUD | | | | | | 83 | | | | | |
| | | | | | | 84 | City | | F | 85 Zr | Code |
| or registered familiar with : SIGNATURE | d agent, or i, and acce | ons of Sections 607,0502 bifth, in the State of Figito hylne obligations of, Sect or primarinary of registral agent OFFICERS AN | on 6/17.05 | ilsable (N | S . | l | named corpor oration's boar Morature required | ation submits this statement for the purd of directors. I hereby accept the appointment of the purd of directors. I hereby accept the appointment of the purd of t | 7/2 DAT | 7/96 | |
| ITLE JAME PREFI ADDRESS OTY: ST. ZIP | 10700 | , THOMAS A SW 57TH PL IDERDALE, FL 00000 | | ☐ DELETÉ | 1.2 (1.3) | TITLE NAME STREET CITY - S | ADDRESS 51-ZIP | | | | |
| TUF AME THEFT ADORESS | | | | □ DELETE | 22 23 | | I ADDRESS SI - ZIP | | | ☐ Change | ☐ Addition |
| TLE AME THEF! ADDRESS | | | | DELETE | 3. 1 32 33 | THLE NAME STREE | T ADDRESS | | | Change | ☐ Addition |
| ELY ST-ZIP TILE JAME STHEET ADDRESS | | | *************************************** | □ DETEIF | 4 1 4.2 43 | TITLE NAME STREE | T ADDRESS | | | Change | Addition |
| OHY-ST-ZIP TILE NAME SIMELL ADDRESS | | | | ☐ DELE1E | 5 1 5 2 5 3 | NAME STREE | T ADDRESS | | | ☐ Change | Additio |
| C/TY - ST - Z/P TRUE NAME STREET ADDRESS | | | | □ DELETE | 6 62 | 1 TITLE NAME | | | | Change | Additio |

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR