Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 578363

1. Corporation Name

MEISER CONSTRUCTION INC.

| WEIGEN | CONCINCONON, INC. | | | | | | | | | | | | | | |
|---|--|---------|--|----------|--------------------------------|---------------|----------------------------|-------------------------|---------------------------------------|--------------------------|-------------------------|-------------------------------|----------------------------|---|-------|
| Principal Place of Business 754 OLD DIXIE HIGHWAY VERO BEACH FL 32962 | | | lailing Address | | | | | | T SAMEN BOOK TO | 1001 INIBE FILE | B OLFE O FEET B | | . 8 11 812 1 | 1 8184) 1881 | |
| | | | 754 OLD DIXIE HIGHWAY VERO BEACH FL 32962 | | | | DO NOT WRITE IN THIS SPACE | | | | | | | | |
| | | | | | | | | | Incorporate | | | | • | | |
| 2 Principal DI | lace of Business | 2a | Mailing Address | | | | | | Number - | - | | 11 | Appli | ed For | |
| 21 | | | 26 | | | | | | 1844683 | ~ | - | | <u> </u> | pplicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | un Denimad | : 0 | \$8.7 | 5 Add | ditional | |
| 22 | | 27 | | | | | | 5. Certi | ifcate of Stat | us Desneo | | Fee | Requ | ired | |
| City & State | e | | City & State | | | | | 6. Elect | tion Campaiç | gn Financir | ng 🗆 | | 00 ма | | |
| 23 | | 28 | | | | | | | t Fund Contr | | | | ed to F | ees | |
| Zip | Country | Ь | Zip | | ountr | У | | | corporation | | urrent yea | ar Intangible Yes | _ | lNo | |
| 24 | 25 | 29 | | 30 | | | | | onal Propert | - | Danista | | | INO | |
| 9. Name and Address of Current Registered Agent | | | | | | | me | 10. Nam | ne and Addi | ess of Me | w Kegiste | ieu Ageitt | | | |
| MEIS | SER, MARTIN | | | | 81 | ' Na | | | | | | | | | |
| 645 GLENVIEW TERRACE | | | | ٠. | 82 | 2 Stre | eet Addres | | ox Number i | | | | • | ` | |
| VERO BEACH FL 32962 | | | | | 83 | 3 | <u></u> | · | | | Ye Ka | a tarage | 2 0 | - V /- | و کرا |
| | | | | | 65 | • | | | 4 | | | | | | |
| | | | | | 84 | | Sec. 18. 45.40 | igg r | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | F,L3 (3) 3 | | 33.25 (S) | J. |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | f Flori | da. Such change was a | authoriz | ed by | y the c | ned corpoi orporation | ation subr s board o | mits this stat of directors. I | ement for t hereby ac | he purpos cept the a | e of changing ppointment a | its re s regis | gistered (*) tered (*) _{25 %} | 1.4 |
| SIGNATURE | | | | | | | | | | | | | | \ | |
| | Signature, typed or printed name of registered agent | | | | | ent signat | ture required v | | | 10=0 =0 | DAT | | | 2 154 42 | |
| 12. | OFFICERS AND | DIR | DELETE | | | | | ADDI | TIONS/CHAI | NGES TO | OFFICER | S AND DIREC Char | | Addition | |
| TITLE | PTD MARTIN | | ☐ ñcreie | | TITLE | | | | | | | | a | | ĺ |
| NAME | MEISER, MARTIN | | | | NAME | | | | | | | | | i | ĺ |
| STREET ADDRESS | 645 GLENVIEW TERRACE | | | | | ET ADDRI | ESS | | | | | | | | |
| CITY-ST-ZIP | VERO BEACH FL 32962 | | DELETE | _ | CITY-S | | | | | | | ☐ Char | ndė. | Addition | , ! |
| TITLE | LEGGETT, DOROTHY | _ bacie | | | 2.2 NAME | | | | | | | <u></u> | 3- | | |
| NAME | 1932 26TH AVE | | | | | : ET ADDRI | | - | | | · | · : | | | |
| STREET ADDRESS | VERO BEACH FL 32960 | | | | | | E33 | | | | | | | } | |
| CITY-ST-ZIP | VS | | ☐ DELETE | _ | 4 CITY- I TITLE | | +- | | | | | [] Chan | ge | Addition | |
| TITLE | MEISER, DOROTHY | | ے کارکار ا | | | | | | | | | | - | | |
| NAME | 645 GLENVIEW TERRACE | • | | | 3.2 NAME 3.3 STREET ADDRESS | | | | | | | | | Į. | ì |
| STREET ADDRESS | VERO BEACH FL 32962 | | | | 3.3 STREET ADDRESS | | | | | | | | | • | l |
| CITY-ST-ZIP TITLE | TENO DEMONITE 32502 | | ☐ DELETE | | TITLE | | +- | | | | | Char | ge | Addition | ĺ |
| NAME | | | | | 2 NAME | | | | | | | _ | _ | | l |
| STREET ADDRESS | | | | | | - ET ADDRI | ESS | | | | | | | | |
| CITY-ST-ZIP | | | | | CITY-S | | | | | | | | | | |
| TITLE | | | □ DELETE | | 1 7171 F | | \dashv | | | | | [] Char | ge | ☐ Addition | ĺ |

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Theise - RED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

☐ Addition

☐ Change