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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(1)

FILED Jan 26 1998 8:00am Secretary of State

DOOD	LE E CONSTRUCT	OHS, INC.							8))
Deineland Die	-40		14 W 11						
Principal Place of Business			Mailing Address						
602 SW 12 AVENUE FORT LAUDERDALE FL 33312			602 SW 12 AVENUE	EL 20010					
PONI LAUDENDALE PE 33312			FORT LAUDERDALE FL 33312				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		-
·							01/29/1980		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	A	Applied For
21		[26				59-2077410	1	lot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #. etc.				5. Certificate of Status Desired	\$8.75	Additional
22			27				5. Certificate of Status Desired		Required
City & Stat	te	-	City & State				6. Election Campaign Financing		May Be
23			28]	1 0-			Trust Fund Contribution		I to Fees
Zip 24	Country 25		Zip	Cou	ntry		8. This corporation owes or has paid the o		
24]	9. Name and Addres		29 Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registere		∐ No
BK	CHARDS, EDWARD A.		- Biotorio Agoric		81	Name	10. Name and Address of them riegistore	u Agoilt	
	5 SW 7 AVE								
	LAUDERDALE FL 333			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	•		
• •	CARRELINATE 15 000	,10		ŀ	83	······			-
					84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Secti	ions 607.0502 an	nd 607, 1508, Fiorida Str	atules, the ab	oove	e-named corpo	reation submits this statement for the nurnose	of obsessing	its registered
office or r	registered agent, or both	, in the State of F	londa. Such change w	as authorized	by	the corporation	on's board of directors. I hereby accept the ap	opointment as	s registered
	in rainmai with, and acce	apt the obligation	is or, section our coops	, rionda stati	utes	5 .			
SIGNATURE	Signature, typed or printed name	of registered agent and	d title if applicable (NOTE Registered	i Ager	nt signature require	d when reinstating} DATE		
12.		FICERS AND DI	RECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	_	☐ DELET E	1.1 10	LE			Change	Addition
NAME	RICHARDS, EDWA	RD		1.2 NA	ME				
STREET ADDRESS	515 SW 7TH AVE	_		1.3 \$1	REE [/	ADDRESS			ļ
CITY-ST-ZIP	FT. LAUDERDALE	<u>FL</u>		1.4 00	TY-ST	T- ZIP			
TITLE	SD		☐ DELETE	2.1 TIT	LE			☐ Change	Addition
NAME	RICHARDS, EILEEN	N		2.2 NA	ME				
STREET ADDRESS	515 SW 7TH AVE	-		2.3 STI	REET A	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE,	FL 00000							
TITLE	∀			2. 4 CI		T-ZIP			
NAME	BIOLIADOS COMIA	nn u	☐ DELETE	2. 4 CI 3.1 TIT		iT-ZIP		☐ Change	☐ Addition
	RICHARDS, EDWA		DELETE		LE	ST-ZIP		Change	Additron
STREET ADDRESS	3704 COCOPLUM	CIRCLE	DELETE	3.1 TIT 3.2 NA	LE Me	at-zip		Change	Addition
CITY-ST-ZIP		CIRCLE		3.1 TIT 3.2 NA 3.3 STI 3.4. CF	LE Me Reet # TY-S1	ADDRESS			
CITY-ST-ZIP TITLE	3704 COCOPLUM	CIRCLE	☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4 CF 4.1 TIT	LE Me Reet # TY-SI Le	ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	3704 COCOPLUM	CIRCLE		3.1 TIT 32 NA 33 STI 34. CF 4.1 TIT 4.2 NA	LE Me Reet 4 TY-SI Le Ame	ADDRESS T- ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	3704 COCOPLUM	CIRCLE		3.1 TIT 3.2 NA 3.3 STI 3.4. CF 4.1 TIT 4.2 NA 4.3 STF	LE ME REET # TY-SI LE AME REET #	ADDRESS 1-zip ADDRESS			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	3704 COCOPLUM	CIRCLE		3 1 TIT 32 NA 33 STI 34 CF 4.1 TIT 4.2 NA 4.3 STF 4.4 CF 5.1 TIT	LE ME REET / IT-SI LE MME REET / T-ST LE	ADDRESS 1-zip ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3704 COCOPLUM	CIRCLE	☐ DELETE	3 1 TIT 3 2 NA 3 3 STI 3 4 CTI 4 1 TIT 4 2 NA 4 3 STF 4 4 CTI 5 1 TIT 5 2 NAI	LE ME REET # TY-SI LE MME REET # TY-ST LE ME	ADDRESS I - ZIP ADDRESS I - ZIP		☐ Change	Addition :
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3704 COCOPLUM	CIRCLE	☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4. CF 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI	LE ME REET / LE AME REET / LE ME REET / REET / REET / REET /	ADDRESS IT-ZIP ADDRESS IT-ZIP ADDRESS		☐ Change	Addition :
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3704 COCOPLUM	CIRCLE	☐ DELETE	3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.2 NAI 5.3 STI 5.4 CIT 6.1 TITI 6.2 NAI	LE ME TY-SI LE ME ME TY-ST LE ME ME ME ME ME ME ME	ADDRESS IT-ZIP ADDRESS IT-ZIP ADDRESS		☐ Change☐ Change	Addition

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