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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

CUMENT

1. Corporation	CONSTRUCTION, INC.				
Principal Place	of Business	Mailing Address		E 100110 Brida; Parkt 15010 Array sidir gans minit asnis kinti	Albit asais atas 1891
2421 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 US		2421 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	<u> </u>
				08/08/1980	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2015823	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Cortifocto of Status Desired	75 Additional
22		27		5. Certificate of oldinas position	ee Required
City & State	9	City & State			i.00 May Be
Zip	Zip Country Zip Co		Country	8. This corporation owes the current year Intangible	
24	25	29 30	<u>o</u> l	Personal Property Tax.	s 75No
	9. Name and Address of Curren	t Registered Agent	04 No.	10. Name and Address of New Registered Agent	
BOWER, WILLIAM			81 Name 82 Street Add		
2421 HOLLYWOOD BLVD. HOLLYWOOD FL 33020			83		
			84 City	FL	Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 gigistered agent, or oth, in the State of familiar with and accept the obligations. Signature, typed or printed name of registered age	of Florida. Such change was autous of, Section 607.0505, Florid	oristered Agent signature requ	reporation submits this statement for the purpose of changing is board of directors. hereby accept the appointment	as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	□ Ch	
NAME	BOWER, WILLIAM		1.2 NAME		ļ
STREET ADDRESS	2421 HOLLYWOOD BLVD.		1,3 STREET ADDRESS		{
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		ange Addition
NAME	BOWER, WILLIAM J		2.2 NAME		ĺ
STREET ADDRESS	2421 HOLLYWOOD BLVD.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP		
TITLE		☐ DÉLETE	3.1 TITLE	☐ Ch	ange 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4,1 TITLE	□ Ch	nange 🗀 Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Çh	nange
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		anna DAddii
TITLE		☐ DELETE	6.1 TITLE	□ Ch	nange
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 ampowered 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.

6.4 CITY-ST-ZIP

SIGNATURE: