FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90102 044 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENI # 685739					
'	ISTRUCTION CO., INC.					
Principal Place	e of Business	Mailing Address	 		MINIS PINSI NIDIS NI	811 81511 (E.O.)
601 S. ANDREV	V\$ AVE#201	601 S. ANDREWS AVE#201				
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301				DO NOT WRITE IN THI	C CDACE	
	•			3. Date Incorporated or Qualifed	3 OF ACL	
				08/28/1980		ļ
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	lied For
21	acc of Business	26		59-2021529	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
22		27		5. Certificate of Status Desired	Fee Rec	quired
City & Stat	e	City & State	* 5	6. Election Campaign Financing	\$5.00 p	- 1
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li		□No
24	25	29 30	0	Personal Property Tax. 10. Name and Address of New Registered	<u> </u>	⊔ NO
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registers	1 Agein	
JACI	KSON, GREGORY L.					
601 S. ANDREWS AVE.,#201			82 Street Add	dress (P.O. Box Number is Not Acceptable)		}
FT LAUDERDALE FL 33301			83	- · · · · · · · · · · · · · · · · · · ·		
	NODE ID I COOK					
			84 City	F	85 Zip C	ode
44 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named cor	poration submits this statement for the purpose	of changing its t	registered
office or r	egistered agent or both in the State :	of Florida. Such change was auth	nonzed by the corporat	tion's board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	a Statutes			į
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Rr	egistered Agent signature requir	red when reinstating) DATE		 }
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	
TITLE	DSCT-	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	JACKSON, GREGORY L.		1.2 NAME			
STREET ADDRESS	601 S. ANDREWS AVE.,#201		1.3 STREET ADDRESS			}
CITY-ST-ZIP	FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	JACKSON, GREG L		2.2 NAME			
STREET ADDRESS	601 S. ANDREWS AVE. #201		2.3 STREET ADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP			
TITLE .		DELETE	3.1 TITLE	ay a seema war a see	Change	☐ Addition
NAME			3.2 NAME	·		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP		- Charac	
TITLE		☐ DELETE	4.1 TITLE	•	☐ Change	☐ Addition
NAME			4. 2 NAME			`
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE			
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			,
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
TITLE			6.2 NAME	·		_

14. I hereby certify that the information sopplied 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 suppliemental 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 of 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, of or an attachment with any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP