FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90184 009 ****61.25

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DOCUMENT # **766151**

1. Corporation Name

MIAMI CHAPTER OF CONSTRUCTION SPECIFICATIONS INS TITUTE, INC.

Principal Place of Business	Mailing Address
848 NE 100 ST MIAMI FL 33138 US	848 NE 100 ST MIAMI FL 33157 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/15/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2797273 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCHAFMEISTER
848 NE 100 ST
MIAMI SHORES FL 33157

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TRUESDELL, DAVID		1.2 NAME	
STREET ADDRESS	14817 SW 124 PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CORBELLA, JR J		2.2 NAME	
STREET ADDRESS	7400 SW 74 TERR SUITE 24		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WYNNEMER, MARK		3.2 NAME	
STREET ADDRESS	5879 SUNSET DR SUITE 2		3.3 STREET ADDRESS	
CITY-ST-ZIP	S MIAMI FL 33143		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RREITZES, JONATHAN		4.2 NAME	
STREET ADDRESS	781 NW 175 AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROLLINS, R B		5.2 NAME	
STREET ADDRESS	12266 SW 145 ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LEY, HUGO		6.2 NAME	
STREET ADDRESS	360 GRECO AVE SUITE 101		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 617, 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.

SIGNATURE: Jonathan Rreitze SECRETARY/TREASURER 4-28-99 (303) 371-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #