

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

DOCUMENT # **809492**

1. Corporation Name

**IROQUOIS BUILDERS INCORPORATED**

Principal Place of Business

**1020 HARDEE ROAD  
CORAL GABLES FL 33146**

Mailing Address

**1020 HARDEE ROAD  
CORAL GABLES FL 33146**

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90079 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/24/1953**

4. FEI Number  
**61-0391226**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MURARO, ELIZABETH MORRISON  
1020 HARDEE ROAD  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name **Elizabeth Morrison Muraro**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**528 Hardee Road**  
83  
84 City **Coral Gables** FL 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **X Elizabeth Muraro**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> DELETE
NAME	MURARO, ELIZABETH M	
STREET ADDRESS	1020 HARDEE RD	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MURARO, ROBERT M	
STREET ADDRESS	1020 HARDEE ROAD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURARO, ELIZABETH A	
STREET ADDRESS	1020 HARDEE RD	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Muraro, Elizabeth M.	
1.3 STREET ADDRESS	528 Hardee Road	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Muraro, Robert M.	
2.3 STREET ADDRESS	528 Hardee Road	
2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
3.1 TITLE	SIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Muraro, Elizabeth A.	
3.3 STREET ADDRESS	528 Hardee Road	
3.4 CITY-ST-ZIP	Coral Gables, FL 33146	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

SIGNATURE: **X Elizabeth Muraro** **Elizabeth Muraro 2-6-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)