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 # F11177

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90072 018 ***150.00

	CONSTRUCTION CO., INC.									
Principal Place	e of Business	М	ailing Address				TO THE REPORT HERE IN THE PROPERTY OF THE PROP			
12250 SW 60TH CT. 12250 SW 60TH CT. MIAMI FL 33156 MIAMI FL 33156										
							DO NOT WRITE IN TH	IS SPACE		
							3. Date Incorporated or Qualifed 12/11/1980			
2. Principal Place of Business		2a.	2a. Mailing Address				4. FEI Number		plied For	
21		26					59-2072006		t Applicable	=
Suite, Apt.:	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	equired	
City & State	e		City & State				6. Election Campaign Financing	\$5.00		
23		28		0			Trust Fund Contribution	Added	to Fees	
·	Zip Country		, ·· ·		Country		This corporation owes the current year Personal Property Tax.	ear Intangible		
24	9. Name and Address of Curre	nt Pagis		30			10. Name and Address of New Registers			
· · · · · · · · · · · · · · · · · · ·	5. Name and Address of Curren	iii itogia	stered Agent		81 Name					i
	DMAN, MATT D				20 0	*))	(D.O. D. M. sebessie Med Accompanie)	····		
1450 MADRUGA AVE			•	82 Street	Adare	ss (P.O. Box Number is Not Acceptable)				
STE #203				83] .	
COR	AL GABLES FL 33146				84 City			. 85 Zip	Code	
							F			
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Flori	da. Such change was at	uthorized	by the cort	l corpoi coration	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
SIGNATURE										,
	Signature, typed or printed name of registered age				Agent signature	required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12	(11/98)
12.	OFFICERS AF	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS		/\Q #\ 12	-
	CTD TTS		□ DELETE	1177		T		☐ Change	☐ Addition	~
TITLE	STD BLATE CLIFEORD		☐ DELETE	1.1 Ⅲ 1.2 NA				☐ Change	☐ Addition	
NAME	BLATE, CLIFFORD		☐ DELETE	1.2 NA	ME			☐ Change	☐ Addition	
NAME STREET ADDRESS	BLATE, CLIFFORD 12250 SW 60TH CT.		☐ DELETE	1.2 NA 1.3 ST	ME REET ADDRESS			☐ Change	☐ Addition	25034
NAME STREET ADDRESS CITY-ST-ZIP	BLATE, CLIFFORD		☐ DELETE	1.2 NA 1.3 ST	ME REET ADDRESS IY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLATE, CLIFFORD 12250 SW 60TH CT. MIAMI, FL 00000 PV			1.2 NA 1.3 ST 1.4 CF	ME REET ADORESS IY-ST-ZIP LE					25034
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BLATE, CLIFFORD 12250 SW 60TH CT. MIAMI, FL 00000			1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	ME REET ADORESS IY-ST-ZIP LE					25034
NAME STREET ADDRESS CITY-ST-ZIP TITLE	BLATE, CLIFFORD 12250 SW 60TH CT. MIAMI, FL 00000 PV BLATE, CLIFFORD			1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	ME REET ADORESS IY-ST-ZIP LE ME					25034
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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.