Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

\$8.75 Additional

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 # F30125

1. Corporation Name

City & State

23

24

Zip

BISCAYNE BUILDERS, INC.	
Principal Place of Business	Mailing Address
P O BOX 4199 PRINCETON FL 33032-7968	P O BOX 4199 PRINCETON FL 33032-7968
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

28

29

Zip

City & State

9. Name and Address of Current Registered Agent

Country

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90006 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/12/1981 4. FEI Number

59-2275069

BERMAN, IRVIN 13637 DEERING BAY DRIVE #241			"	Name				
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI 33	3158		83					
			84	City		85 4	Zip Cod	
				,	<u>FL</u>	1 1.		
office or regist	e provisions of Sections 607.0502 and 607.1508, ered agent, or both, in the State of Florida. Such miliar with, and accept the obligations of, Section	change was auth	orized by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	hanging tment a	j its reg s regist	istered ered
SIGNATURE	ture, typed or printed name of registered agent and title if applicable.	(NOTE: Re	nistered Ager	nt signature r	required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	(1072:10	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTORS	IN 12
TITLE DP		DELETE	1.1 TITLE			Char	ige (Addition
NAME BE	RMAN, IRVIN		1.2 NAME					
	50 SW. 133 DR,		1.3 STREE	ADDRESS				
. 1	AMI FL		1.4 CITY-S	T-ZIP				
mle V		☐ DELETÉ	2.1 TITLE			Char	ige [Addition
NAME BE	RMAN, RICHARD E		2.2 NAME					
	41 BRICKEL AVE #3102		2.3 STREE	T ADDRESS				
t t	AMI FL.		2.4 CITY-5	T-ZIP	,			
TITLE		☐ DELETE	3.1 TITLE			Char	nge (Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chai	nge (☐ Addition
NAME	•		4, 2 NAME		·			
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		DELETE	5.1 TITLE			☐ Chai	ige	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	FADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			•	
TITLE		DELETE	6.1 TITLE			Char	nge (Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-ZIP	वेहर्निक । इ.स.च्या		6.4 CITY-S	T-ZIP				
14 I horoby certify	y that the information supplied with this filing does	not qualify for th	e exempt	ion stated	d in Section 119.07(3)(i), Florida Statutes, I further certinature shall have the same legal effect as if made unde	fy that t	he infor	mation

Country

30

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 (305)248-9960

--- CR2E034.(11/98