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 # F62361 1. Corporation Name

TECHNICOR CONSTRUCTION COMPANY, INC.

May 04, 1999 8:00 am Secretary of State

05-04-1999 90023 025 ***150.00



Principal Place	of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1181 SW 15TH	STREET	1181 SW 15TH STREET								
BOCA RATON FL 33468		BOCA RATON FL 33468				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				ĺ
						02/16/1982				l
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For		
21		· · · · · · · · · · · · · · · · · · ·	26			59-2159031		No	ot Applicable	ĺ
Suite, Apt.	#, etc	Suite, Apt. #, etc.					\$8.75	Additional	=	
22		27	27			5. Certifcate of Status Desired		Fee Re	equired	
City & State	9	. City & State			6. Election Campaign Financing			May Be	l	
23		28	28			Trust Fund Contribution		Added	to Fees	l
Zip				untry		8. This corporation owes the current year Intangible				l
24	25					Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Curre	nt Registered Agent		-		10. Name and Address of New	Registered A	gent		ı
DC) //	AD LADOV LDA			81	Name		• •			
	AR, LARRY J PA		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
	S.E. 3RD AVE., STE 400						 			l
FI. L	AUDERDALE FL 33316			83		•		•		ĺ
•	· · · · · · · · · · · · · · · · · · ·			84	City			85 Zip	Code	
			<u>.</u>		-		<u> FL</u>			
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Staten familiar with, and accept the oblig	∍ of Florida. Such change wa	as authorize	a by t	ine corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of o pt the appoin	nanging its Iment as re	egistered	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (f	NOTE: Registered	d Agent	t signature require	ad when reinstating)	DATE			6
12.				13.		ADDITIONS/CHANGES TO OF	FICERS AND			10,4
TITLE	PD	☐ DELETE	1.1 1	ITLE				Change	☐ Addition	5
NAME	SENECAL, PAUL ANDRE		1.2 N	AME						3
STREET ADDRESS			TREET	ADDRESS					Į į	
CITY-ST-ZIP	BOCA RATON FL 33468			aty-st	-ZIP	<u>.</u>			☐ Addition	٥
TITLE	VPDS	☐ DELETE				and the second s		Change	☐ Addition	`
NAME	-SENGAL, J	-	2.2 NAME		.					
STREET ADDRESS 1181 SW 15TH ST			2.3 \$	TREET	ADDRESS -			~		
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NAME			3.2 N							
STREET ADDRESS			3.3 STREET ADDRESS							
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NAME			4.21	4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS					ł
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NAME				5.2 NAME		•				
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πLE	<u> </u>	DELET	4			•		☐ Change	Addition	1
NAME	•		6.2 N	AME						
STREET ADDRESS	,	1	6.3 S	TREET	ADORESS					
CITY-ST-ZIP		•	6.4 CITY-5		r-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, of on an attachment with an address, with all ether like empowered. CITY-ST-ZIP

SIGNATURE: