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 # F95000001478

1. Corporation Name LACE CONSTRUCTION INCORPORATED

1 morpar i lado di Badine.
9938 WOODWIND LANE LAKE WORTH FL 33467
US

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90092 010 ***150.00

LAGE OC		ATED					
Principal Place	e of Business	Mailing Address			1 (80)(40 tele (0)01 0)(1 00)(1 00)(1 00)(1 00)	jir adidi (1811 Bibli)	JUNE 1 1811 1881
9938 WOODWIND LANE LAKE WORTH FL 33467 US 9938 WOODWIND LANE LAKE WORTH FL 33467 US					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
					03/28/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			_04-3112211	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
<u> </u>	-	28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Count		8. This corporation owes the current year	Intangible	
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre				10. Name and Address of New Register	ad Agent	
			٤	1 Name			
CASEY, DANIEL J 131-SIMS-CREEK-LANE			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
JUPITER FL 33458			-	3	15 Pompano D		
30/1	1211 12 00 100		Ľ				
			1	4 City T	uiter F	EL 85 Zip (Gode 455
office or n	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was au	itnorizea i	by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as re	registered gistered
SIGNATURE		DOTE:	Ongistand A	gent signature require	ed when reinstation) DATE		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PTSD	☐ DELETE	1.1 TITL	: T		Change	Addition
NAME	CASEY, DANIEL J		1.2 NAM	E			
STREET ADDRESS	915 POMPANO DR		1.3 STR	EET ADORESS			
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY	-ST-ZIP			
TITLE	C	☐ DELETE	2.1 TITL			☐ Change	Addition
NAME	CASEY, DANIEL J		2.2 NAM	E			
STREET ADDRESS	915 POMPANO DRIVE		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458		2. 4 CIT	r-ST-ZIP			
TITLE	VOLITE TO TOU	☐ DELETE	3.1 TITL			☐ Change	Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	r-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Change	☐ Addition
NAME			4. 2 NA	Æ			
STREET ADDRESS			4.3 STR	EET ADORESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL		•	☐ Change	☐ Addition
NAME			5.2 NAM			•	
STREET ADDRESS				EET ADDRESS	•		
CITY-ST-ZIP				'-ST-ZIP			
TITLE		☐ DELETE	6.1 πτL			☐ Change	☐ Addition
NAME			6.2 NAN	j			
OTDEET ADODESC	1		6.3 STR	EET 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 suppliementar 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 of the receiver or torside 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 address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: