FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATIONS						Secretary of State		
DOCU 1. Corporatio		# F960(0000	0621 (0))			
DOMES	EXCAVA	TING INC.						I REALINE DIRE TOUR AND AND END AND AND AND AND AND AND AND AND AND A
_								
Principal Plac	e of Busines	8	Mailing Address 200 20TH LN LAKE WORTH FL 39463 2a. Mailing Address 2b. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2c/105/1998 2a. Mailing Address 4. FEI Number 14-1513723 Not Applied For Ser Required 58. 75 Additional Fee Required 27 City & State 28 70 Country 3. Certificate of Status Desired \$8.75 Additional Fee Required 28 70 Country 30 Trust Fund Contribution Added to Fees 4. Fee Comparison works a paid the current year Intergible Personal Proporty Tax due June 30.					
LAKE WORTH	1 FL 33963		LAN	E WORTH FL 33463	5			DO NOT WRITE IN THIS SPACE
2. Principal P	Place of Busin	2000		foiling Address				
2. Filhcipal F	Maning Address			•				
Suite, Apt.	#, etc.	 						S8 75 Additional
22	<u></u>							5. Certificate of Status Desired Fee Required
City & Stat	е		28	28				
Zip		Country	<u> </u>	ip	—	intry	•	
24	9 Name	25 and Address of Cur		red Agent	30			
CO						81	Name	
9. Name and Address of Current Registered Agent COHEN, MARC B ESQ 217 E OCEAN BLVD STUART FL 34995					ŀ	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
ST								
						83		
						84	City	85 Zip Code
11. Pursuant	to the provis	ons of Sections 607.0	0502 and 607	.1508, Florida Statu	utes, the at	 oov€	e-named corp	poration submits this statement for the ourgose of changing its registere
office or r	egistered ag	ent, or both, in the St lh, and accept the ob	ate of Florida	Such change was Section 607,0505, F	authorized	d by utes	the corporati	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE								
12,	Signature, lyped					Age	nt signature require	
TITLE	DCPS	CATIOENS	AND DITECT			TLE _		
NAME		MANNO, ANTHONY	1		1.2 NA	ME		
STREET ADDRESS	2603 26				1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	LAKE W	ORTH FL 33463			1.4 Cr	TY-S	T-ZIP	
TITLE	Ţ			☐ DELETE	2.1 TiT	TLE		Change Addition
NAME		MANNO, ANTHONY	f					
STREET ADDRESS	2603 26	ih in Orth fl 33463					Į.	
CITY-ST-ZIP TITLE	DC DC	URITI FL 33403		DELETE		_	51 - ZIP	Change Addition
NAME		MANNO, DIANA						
STREET ADDRESS	2603 26						ADDRESS	
CHTY-ST-ZIP		ORTH FL 33463			3.4. CI	TY-S	IT-ZIP	
TITLE	_			DELETE	4.1 70	TLE	1	☐ Change ☐ Addition
NAME					4. 2 N/	AME		
STREET ADDRESS							į.	
CITY-ST-ZIP				DELETE			r-zip	Chanse Addition
TITLE NAME					1			Li Citaliye El Audillo
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					5.4 CIT		ľ	
TITLE				DELETE	6.1 TIT	_		Change Additio
NAME					6.2 NA			
STREET ADDRESS					6.3 ST	REET.	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 of on an attachment with an address.