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

PROFIT CCRPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90179 021 ***150.00

Principal Place of Business 7610 NW THIRD STREET PEMBROKE PINES FL 33024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1982 2. Principal Place of Business 2a. Mailing Address Applied For	DOCU	MENT # F9736	9 (5)			
Principal Place of Business 780 NM Halp SIREET PRINGROKE PINES P. 33004 2. Principal Place in Business 2. Date Incorporated or Quartied OB/30/1982 2. Principal Place in Business 2. Date Incorporated or Quartied OB/30/1982 2. Principal Place in Business 2. Date Incorporated or Quartied OB/30/1982 2. Principal Place in Business 2. Date Incorporated or Quartied OB/30/1982 2. Principal Place in Business 2. Date Incorporated or Quartied OB/30/1982 3. Date Incorporated or OB/30/1982	1. Corporati	ON NAME. I CONCRETE DIMBING CEI	DI/ICE INC	****	. 050011-	A011/A - 51
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3. Date is coopposated or Qualified 2. Principal Place of Business 2. Making Address 2. Principal Place of Business 2. Apr. 1 Principal Place of Business 3. Country 2. Display State 3. Country 2. Display State 3. Country 2. Display State 3. Election Campaign Financing 7 Trust Find Contribution 8 Trust Find Contribution 9	1					
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27		. #. etc		· · · · · · · · · · · · · · · · · · ·		\$8.75 Additional
City & State City & State City & State City & State 23 28 29 Country 20 Coun				5. Certificate of Status Desired	1 1	
20 Country 2p Country 8 Initio corporation owes or has paid the current vear intangible Personal Propenty Tax due June 30.	City & State City & State			8. Election Campaign Financing	\$5.00 May Be	
28			~ +		Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent MENDENHALL, EDGAR R. 14001 N.W. 20 COURT OPA LOCKA FL 33054 82 Street Address (P.O. Box Number is Not Acceptable) 83 Address of New Registered Agent 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 85 Address of New Registered Agent 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL	<u> </u>	— ´	 	<u> </u>		-
MENDENHALL, EDGAR R. 14001 N.W. 20 COURT OPA LOCKA FL 33054 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zp Code 85 87 86 87 87 88 88 88 88 89 89 89 89	24			30		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes. The above-named corporation submits this statement for the europe of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or a transfer with, and accept the appointment as registered agent, or a transfer with, and accept the appointment as registered agent. In a transfer with, and accept the appointment as registered agent, or a transfer agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with, and accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment as registered agent. I am items with an accept the appointment a	L I	 	t Hegistered Agent	81 Name	10. Name and Address of New Ne	distated Adeur
OPA LOCKA FL 33054 Same Sureman Comment Comment				1144110		
B3				82 Street Ad	dress (P.O. Box Number is Not Acceptab	ile)
B4 City : FL 85 Zip Cxde	O.	A LOCION I L 33004		83		
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered of englished agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as rigistered agent, and accept the obligations of, Section 807.0505, Fixida Statutes. SIGNATURE Signification with, and accept the obligations of, Section 807.0505, Fixida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE DPS						
11. Pursuant to the provisions of Sections 607 5052 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am tamiliar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITICNS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DPS MENDENHALL, EDGAR R 7610 NW THIRD STREET PEMBROKE PINES, FL 00000 DELETE 1.3 STREET ADDRESS CITY-ST-2P MENDENHALL, EDGAR R 7610 NW THIRD STREET PEMBROKE PINES, FL 00000 DELETE 2.3 STREET ADDRESS CITY-ST-2P DELETE 3.3 STREET ADDRESS CITY-ST-2P DELETE 3.4 CITY-ST-2P DELETE 3.5 STREET ADDRESS CITY-ST-2P TITLE AMME 3.5 STREET ADDRESS CITY-ST-2P DELETE 3.5 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.5 STREET ADDRESS CITY-ST-2P DELETE 3.5 STREET ADDRESS CITY-ST-2P DELETE 3.5 STREET ADDRESS CITY-ST-2P TITLE DELETE 3.5 STREET ADDRESS CITY-ST-2P Addition Addition ASSERT ADDRESS CITY-ST-2P TITLE DELETE 3.5 STREET ADDRESS ALCOTY-ST-2P TITLE Change Addition Addition Addition ADDITICNS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AD				84 City :		FI 85 Zip Code
SIGNATURE	11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ules, the above-named co	rporation submits this statement for the p	
SIGNATURE	office or I	registered agent, or both; in the State	of Florida, Such change was tions of, Section 607,0505, F	authorized by the corpor iorida Statutes.	ation's board of directors. I hereby accep	at the appointment as registered
Signature, typed or protect name of registered agent and life if applicable. (NOTE: Registered Agent agent and regulated when remittating) DATE	'				ŕ	İ
TITLE	JIGITATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating)	DATE
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14. I hereby certify that the information supplied with this filling 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.

SIGNATURE.

4-23-99