May 08, 1999 8:00 am Secretary of State

05-08-1999 90015 019 ***158.75

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 # G06889

1. Corporation Name

ROWAN CONSTRUCTION COMPANY, INC.

Principal Place	e of Business	Mailing Address					II BIBIF BIBIF BI	BII BIBII (BB†
1840 N.W. 33RD ST.		1840 N.W. 33RD ST.						
POMPANO BEAG	CH FL 33064	POMPANO BEACH FL 33064			DO NOT WRIT	TE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed		51 710L	
					11/02/1982			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	-	App	olied For
21	e - *	26			59-2453699		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	$\mathcal{A}_{\mathcal{U}}$	\$8.75 A	
22		27					Fee Red	<u>'</u>
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	
23 Zip	Country	Zip	Country		8. This corporation owes the curre	ont year Inta	•••	71 003
24	25	29 3	_ ´		Personal Property Tax.			□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New R	Registered A	gent	
			81	Name				-
	/AN, CHARLES		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	NW 33RD ST.			• • • • • • • • • • • • • • • • • • • •		<u> </u>		
POM	IPANO BCH. FL 33064		83					
			84	City		FI	85 Zip C	ode
14 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statutes	the above	-named corp	poration submits this statement for the	purpose of o	hanging its i	registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was autl	horized by t	the corporati	on's board of directors. I hereby accep	ot the appoin	tment as reg	istered
		istions of Section 607 D505 Florid						
	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	ia Statutes.					
SIGNATURE	m ramiliar with, and accept the oblig Signature, typed or printed name of registered ag				ed when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTE: R	egistered Agent		ed when reinstaling) ADDITIONS/CHANGES TO OF			
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	gent and little if applicable (NOTE: R	egistered Agent 13. 1.1 TITLE				D DIRECTOI	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A PD ROWAN, CHARLES	gent and title if applicable (NOTE: R	13. 1.1 TITLE 1.2 NAME	t signature require				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A PD ROWAN, CHARLES 1840 NW 33RD ST	gent and title if applicable (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	a signature require				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD ROWAN, CHARLES 1840 NW 33RD ST POMPANO BCH FL	gent and title if applicable (NOTE: R. NDD DIRECTORS	egistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	a signature require			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A PD ROWAN, CHARLES 1840 NW 33RD ST POMPANO BCH FL SD	gent and title if applicable (NOTE: R	13. 1.1 TITLE 12 NAME 13 STREET 1.4 CITY-ST 2.1 TITLE	a signature require				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD ROWAN, CHARLES 1840 NW 33RD ST POMPANO BCH FL SD INFINGER, WILLIAM R	gent and title if applicable (NOTE: R. NDD DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET 14 CITY-ST 2.1 TITLE 22 NAME	ADDRESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PD ROWAN, CHARLES 1840 NW 33RD ST POMPANO BCH FL SD INFINGER, WILLIAM R 1840 NW 33RD STREET	gent and title if applicable (NOTE: R. NDD DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS			☐ Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD ROWAN, CHARLES 1840 NW 33RD ST POMPANO BCH FL SD INFINGER, WILLIAM R	gent and title if applicable (NOTE: RIND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS ADDRESS			☐ Change	☐ Addition
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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, or on an attachment with an address, with all other like empowered

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS