

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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90090 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G81642**

1. Corporation Name
FORTIN-BROUSSEAU CONSTRUCTION, INC.



Principal Place of Business
 1702 MCKINLEY STREET
 HOLLYWOOD FL 33020

Mailing Address
 1702 MCKINLEY STREET
 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/14/1983

4. FEI Number
59-2350515 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **8590-S.W. 18 PLACE** 2a. Mailing Address
8590-S.W. 18 PLACE

Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **FORT LAUDERDALE** 27 **FORT LAUDERDALE**

City & State City & State
 23 **FLORIDA** 28 **FLORIDA**

Zip Country Zip Country
 24 **33324** 25 **U.S.A.** 29 **33324** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

FORTIN, BERNARD
 1702 MCKINLEY STREET
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
FORTIN, HUGH

82 Street Address (P.O. Box Number is Not Acceptable)
8590-S.W. 18 PLACE

83

84 City **FORT LAUDERDALE** FL 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **FORTIN, HUGH** DATE **MARCH 26/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORTIN, BERNARD	
STREET ADDRESS	1702 MCKINLEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD. FORTIN, HUGH	
1.3 STREET ADDRESS	8590-S.W. 18 PLACE	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL. 33324	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **FORTIN, HUGH** DATE **MAR. 26/99** Daytime Phone # **954-370-7595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)