

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 # G84133

1. Corporation Name

GRODEN-STAMP CONSTRUCTION, INC.

Principal Place of Business

**153 NE 97TH ST.
MIAMI SHORES FL 33138
US**

Mailing Address

**153 N.E. 97TH ST.
MIAMI SHORES FL 33138
US**

2. Principal Place of Business

21 65 NW 168 Street

Suite, Apt. #, etc.

22

City & State

23 NORTH MIAMI BEACH, FL

Zip

24 33169

Country

25 USA

2a. Mailing Address

26 65 NW 168 STREET

Suite, Apt. #, etc.

27

City & State

28 NORTH MIAMI BEACH, FL

Zip

29 33169

Country

30 USA

9. Name and Address of Current Registered Agent

**GRODEN, RICHARD J.
153 NORTHEAST 97TH STREET
MIAMI SHORES FL 33138**

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
65 NW 168 STREET**

83

84 City

NORTH MIAMI BEACH

FL

**85 Zip Code
33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1984

4. FEI Number

59-2373188

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME
GRODEN, RICHARD J.
STREET ADDRESS
571 SW 63RD TERRACE
CITY-ST-ZIP
PLANTATION FL**

TITLE ☐ DELETE

**V
NAME
STAMP, BRIAN F.
STREET ADDRESS
8834 FROUDE AVE
CITY-ST-ZIP
SURFSIDE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90033 014 ***150.00



CR2E034 (1/98)