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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

AININ	1999		ry of State CORPORATIONS		y of State
DOCU	MENT # G91436			01-21-1999 900	72 022 ***150.00
3	CONSTRUCTION INC.				
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		_			
Principal Plac	ce of Business	Mailing Address		r contin ann isiat man alla i tind at	it kibit bibit bibit bibit bibit bibit (60)
7137 QUAIL HOLLOW BLVD 7137 QUAIL HOLLOW BLVI					
WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL US US		WESLEY CHAPEL FL 33544	•	DO NOT WRITE I	N THIS SPACE
		•		3. Date Incorporated or Qualifed	
				03/15/1984	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.				59-2397508	Not Applicable
22 Suite, Apr.	#, etc.	27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	
24	25	29	30	Personal Property Tax.	¥ Yes □No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
MAT	ra, raul				
713	7 QUAIL HOLLOW BOULEVARD		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
WES	SLEY CHAPEL FL 33544		83		1 10 17 5 28
			84 City		
1			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-named courterized by the correct	orporation submits this statement for the purp	ose of changing its registered
agent I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statutes.	ation's board of directors: Thereby accept the	appointment as registered in
SIGNATURE	Signature, typed or printed name of registered agent	and the Managinahla (NOTE)	Registered Agent signature requ	wind whee a state of	ATE
12.	Signature, typed or printed name or registered agent		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	CPV	☐ DELETE	1.1 TITLE	ASSINGIANOES TO OTT TO	Change Additio
NAME	MATA, RAUL		1.2 NAME		
STREET ADDRESS	7137 QUAIL HOLLOW BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL		1.4 CITY-ST-ZIP		
TITLE	TMD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME .	MATA, RAUL		22 NAME		
STREET ADDRESS	7137 QUAIL HOLLOW BLVD	•	2.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Additio
NAME 1	S MATA, BEVERLY ANN		3.2 NAME	•	□ change □ Additio
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL FL		3.4. CITY-ST-ZIP		, w .
TITLE		☐ DELETE	4,1 TITLE		☐ Change ☐ Additio
NAME	.16.		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 ππ.Ε΄		☐ Change ☐ Additio
NAME			5.2 NAME		
STREET ADDRESS	Ch:		5.3 STREET ADDRESS		
CITY-ST-ZIP	1814 18 1 4 A	☐ DELETE	5.4 CITY+ST-ZIP 6.1 TITLE	1948	Change Additio
line :	The duty of the	□ pere ie	62 NAME		⊡ cuange (☐ Addino

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 trusted 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

STREET ADDRESS

FILED

Jan 21, 1999 8:00am

CR2E034 (11/98)