

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **H00869**

1. Corporation Name

CONSTRUCTION CONSULTANTS UNLIMITED, INC.

Principal Place of Business
3110 JASMINE DRIVE
DELRAY BEACH FL 33483-4704
US

Mailing Address
3110 JASMINE DRIVE
DELRAY BEACH FL 33483-4704
US

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90019 033 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1984

4. FEI Number

59-2503521

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.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRASNOVE, KEITH M ESQ.
10100 W SAMPLE ROAD 3RD FL
CORAL SPRINGS FL 33065

81 Name

JULIUS KRASNOVE

82 Street Address (P.O. Box Number is Not Acceptable)

3110 JASMINE DR

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483

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

Julius Krasnov

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KRASNOVE, KEITH M**
STREET ADDRESS **10100 W SAMPLE RD 3RD FL**
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **KRASNOVE, JULIUS**
STREET ADDRESS **3110 JASMINE DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **KRASNOVE, ADELINE**
STREET ADDRESS **3110 JASMINE DRIVE**
CITY-ST-ZIP **DELRAY BECH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Julius Krasnov
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

Date

565-276-0484

Daytime Phone #

CR2E034 (5/99)

0082789