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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # H01055

1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90002 024 ***150.00

CHATLO	S CONSTRUCTION, INC.						
Principal Place	e of Business	Mailing Address				i Bibit graft bibit	BINIT BINIT TRAF
% MARK P. CH		% MARK P. CHATLOS					
		2851 S.W. 141ST TERRACE					
		DAVIE FL 33330		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					04/19/1984		
2. Principal Place of Business		2a. Mailing Address			4, FEI Number	}	oplied For
21		26		59-2454289		ot Applicable Additional	
Suite, Apt. #; eto:		Suite, Apt. #, eto.		5. Certificate of Status Desired		equired	
22]		City & State			a Floring Compaign Financing		<u> </u>
City & State		⊢ ′		6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees	
Zip	Country		Country		This corporation owes the current year:		10 1 002
	25	_ · _	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		<u>'''</u> _		10. Name and Address of New Registere		
	v. Hume and mudicas vi wallell	9	81	Name			
CHA	itlos, mark p.		<u> </u>	L	(D.O. D. Mb- M.		
2851 S.W. 141ST TERRACE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
DAV	IE FL 33330		83				
			84	City	F	85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligation	2 and 607.1508, Florida Statutes of Florida. Such change was aut ions of, Section 607.0505, Florid	s, the above thorized by da Statutes	e-named co the corpora s.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing its pointment as re	egistered
11. Pursuant office or r agent. I a SIGNATURE	m ramiliar with, and accept the obligati Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	ua Statutes	.	ured when reinstating) DATE		
agent. i a	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: R	Registered Age	.		AND DIRECTO	ORS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: R	Registered Ages 13. 1.1 TITLE	.	ured when reinstating) DATE		
agent. I a SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PST CHATLOS, MARK P.	t and title if applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature requ	ured when reinstating) DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PST CHATLOS, MARK P. 2851 S.W. 141ST TERRACE	t and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requ	ured when reinstating) DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PST CHATLOS, MARK P. 2851 S.W. 141ST TERRACE DAVIE FL	t and title if applicable. (NOTE: R	Registered Ages 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature requ	ured when reinstating) DATE	AND DIRECTO	DRS IN 12
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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.

954-473-0059