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

Mailing Address

3170 NORTH FEDERAL HIGHWAY 206-B

LIGHTHOUSE POINT FL 33064

PROFIT. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # H10806

Principal Place of Business

1601 S.W. 1ST WAY D-12 DEERFIELD BCH. FL 33441

R.D.L. CONSTRUCTION CORPORATION

| | | | | | 07/03/1984 | | 1 |
|----------------------------|--|--|-------------------------|---------------------------------|---|----------------------------|------------------------|
| 2 Principal P | lace of Business | 2a, Mailing Address | | | 4. FEI Number | Ar | plied For |
| 21 | | 26 | | | 59-2433279 | No | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | Fee Re | equired |
| City & Stat | B | 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 year Inta | | |
| 24 25 29 30 | | | | Toronal Copy Text | | | □No |
| | 9. Name and Address of Current | Registered Agent | 81 | г.: | 10. Name and Address of New Registered A | gent | |
| CADDATT HADDY C | | | | Name | | | |
| CARRATT, HARRY G. | | | | Street Addr | ress (P.O. Box Number is Not Acceptable) | | _ |
| 2601 E. OAKLAND PARK BLVD. | | | | | | | |
| SUITE 500 | | | | | | | |
| FI. I | LAUDERDALE FL 33306 | | 84 | City | | 85 Zip | Code |
| | | • | ļ. | 1 | <u>FL</u> | <u> </u> | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes, of Florida, Such change was auth | the abov orized by | e-named corp the corporation | poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin | hanging its Iment as re | registered gistered |
| agent. I a | m familiar with, and accept the obligation | ions of, Section 607.0505, Florida | Statutes | | | | |
| SIGNATURE | | | | | | | |
| | Signature, typed or printed name of registered agent | | | nt signature require | ADDITIONS/CHANGES TO OFFICERS ANI | ODECTO | 3DC IN 12 |
| 12. | OFFICERS AND | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | ☐ Change | Addition |
| TITLE | J •• | | | | | | |
| NAME | MASULA, ROBERT L. | | 1.2 NAME | | | | |
| STREET ADDRESS | 1967 SW 7TH COURT | | | T ADDRESS | | | |
| C/TY-ST-ZIP | BOCA RATON FL 33486 | □ DELETE | 1.4 CITY-S 2.1 TITLE | T-ZIP | | [] Change | [] Addition |
| TITLE | D AAACHI A CTEDUANIE | C) DECETE | | | | | |
| NAME | MASULA, STEPHANIE | • | 2.2 NAME | | | | |
| STREET ADDRESS | 1967 SW 7TH COURT | | | TADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | □ DELETE | 2. 4 CITY-5 | ST-ZIP | | Change | Addition |
| TITLE | VM | | 3.1 TITLE | | ٠ - ا | | |
| NAME . | MASULA, ROBERT J. | | 3.2 NAME | * ******** | | | |
| STREET ADDRESS | 1967 SW 7TH COURT | | | TADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | ☐ DELETE | 3.4. CITY-5 | ST-ZIP | · · · · · · · · · · · · · · · · · · · | Change | ☐ Addition |
| TITLE | | | 4.1 TITLE | | | 90 | |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | <u> </u> | ☐ DELETE | 4.4 CITY-S | 1-ZIP | | Change | Addition |
| TITLE | | | 5.1 TITLE 5.2 NAME | | | | |
| NAME | 1 | | | TADORESS | | | |
| STREET ADDRESS | | | 5.4 CITY-S | | | | |
| CITY-ST-ZIP | | □ DELETE | 6.1 TITLE | 1-217 | | ☐ Change | Addition |
| TITLE | | | 6.2 NAME | | | C. longe | |
| NAME | · | | | T 4000ECC | | | |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | | | |

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Kosento II mosuco

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90060 031 ***150.00

DO NOT WRITE IN THIS SPACE