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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

H33377

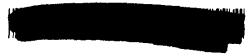
(3)

ANTON AND SONS EUROPEAN BUILDERS CO.

2,20,98

ANTON & ASSOCIATES

FILED May 14 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			111
1510 NE 130T		1510 NE 130TH STREET				
17520 NE 8TH		17520 NE 8TH CT				DO NOT WRITE IN THIS SPACE
NORTH MIAMI US	FL 33101	NORTH MIAMI FL 33161 US				3. Date Incorporated or Qualified
**						12/07/1984
2. Principal Pi	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number Applied For
নী		26				59-2468482 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
12		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
:3		28				Trust Fund Contribution
Zip	Country	Zip		Country		This corporation owes or has paid the current year Intangible
25		29 30 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
Name and Address of Current Registered Agent KOLOVIDAT ANTON 8					Name	TO. Hame and Address of New Hagistered Agent
	LOVRAT, ANTON					
	20 NE 8TH CT		82		Street Add	fress (P.O. Box Number is Not Acceptable)
, NU	RTH MIAMI BEACH FL 33162			83		
		•				
				84	City	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508. Florida Statu	utes, the at		a-named corr	poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was	authorized	d by	the corpora	ation's board of directors. I hereby accept the appointment as registered
	THE TIME WILL, and accept the bongs	mons or, section our,osco, r	iorida Stat	otes	.	
SIGNATURE	Signature, typed or printed name of registered agent	al and title if applicable (NC	TE: Registered	I Age	nt signature requi	ired when reinstating) DATE
12.	OFFICERS AND					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 79			Change Addition
NAME	KOLOVRAT, ANTON		1.2 NA	ME		
STREET ADDRESS	1510 NE 130TH STREET		1.3 STREET ADDRESS		ADDRESS	'
CITY+ST-ZIP	NORTH MIAMI FL			1.4 GITY - ST - ZIP		
TITLE		☐ DELETE	2.1 Til			Change Addition
NAME			2.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		L Dr. czc	2.4 C		ST-ZIP	
TITLE		☐ DELETE	3.1 10			☐ Change ☐ Addition
NAME			3.2 NA]	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CI		ST-ZIP	T Change T 4 2200 -
TITLE		T DETER	4.1 10		1	Change Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	<i>→</i> / ₁
CITY-ST-ZIP		DELETE	4.4 CI		1- ZIP	Achange Addition
TITLE		C. VELETE	5.1 717			Appliance 11 Adonton
NAME			5.2 NA			\[\lambda \kappa \lambda \lambda \kappa \lambda \lambda \lambda \kappa \lambda \l
STREET ADDRESS			1		ADDRESS	$\mathcal{A}(\mathcal{Y})$
CITY-ST-ZIP		DELETE	5.4 CI		T-ZIP	A Charles Manager
TITLE		LJ DELEIE	6.1 111		1	Chafige Addition
NAME			6.2 NA			500002527175 -05/18/9801059007
STREET ADDRESS			■ 6.3 ST	REET	ADDRESS	

6.4 CITY-ST-ZIP 14. Thereby 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

***150.00