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



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PROFIT CORPORATION ANNUAL REPORT 1999		Katherine Secretary	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90031 043 ***150.00					
1. Corporation	MENT # H40031 PASTRUCTION, INC.						İ					
Principal Place of Business 3626 EAGLE AVE KEY WEST FL 33040 US		Mailing Address 3626 EAGLE AVE KEY WEST FL 33040 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
							01/28/198	35				
2. Principal Pl	ace of Business	2a. Mailing Address	¬			'	 FEI Number 59-24958 			<u> </u>	lied For Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Status Desired	~ 🗆	\$8.75 A		
City & State	9	City & State				<u> </u>		npaign Financing	 -	\$5.00	May Be	
Zip	Country	Zip Country					Trust Fund (Contribution ition owes the cu		Added to angible	Fees	
24 25 29 3				ī			Personal Pro			Yes	□No	
	9. Name and Address of Current	Registered Agent		81	Name		U. Name and	Address of New	Registered	Agent		
BIRD, DEBORAH A 3626 EAGLE AVE 82 Street Address (P.O. Box Number is Not Acceptable)												
KEY WEST FL 33040				83								
	•	·		84	City			•	FL	85 Zip C	ode	
office or n	to the provisions of Sections 607.0502 egistered agent; or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was aut	horized	i by th	named one corpo	corporati oration's	on submits this board of directo	statement for thors. I hereby acc	e purpose of	changing its ntment as reg	registered istered	
SIGNATURE	,									•	{	
12.	and title if applicable. (NOTE: RD DIRECTORS	Registered Agent signature required 13.			required whe		CHANGES TO C	DATE OFFICERS AN	D DIRECTO	RS IN 12		
TITLE			1.1 317			<u> </u>				Change	☐ Addition	
NAME	BIRD, RICHARD		1.2 NA	1.2 NAME						·		
STREET ADDRESS	3626 EAGLE AVE		1.3 ST	1.3 STREET ADORESS							}	
CITY-ST-ZIP				TY-ST-	ZIP	 				☐ Change	Addition	
TITLE NAME	`* · · · · · · · · · · · · · · · · · · ·	C percit	2.1 TITLE 2.2 NAME					_				
STREET ADORESS				2.3 STREET ADDRESS								
CITY-ST-ZIP			'2.'4 C	πy-st-	ZIP -	· · ·			~ ~ ~ ~	·	-14	
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NAME			3.2 NA	_								
STREET ADDRESS					DDRESS							
CITY-ST-ZIP TITLE	DELETE 4.1			3.4. CITY-ST-ZIP 4.1 TITLE		 -				☐ Change	☐ Addition	
NAME	· · · · · · · · · · · · · · · · · · ·		4. 2 N								· ·	
STREET ADDRESS		•	4.3 ST	TREET A	DORESS							
CITY-ST-ZIP	<u> </u>			TY-ST-	ZIP					Change	Addition	
TITLE		☐ DELETE	5.1 TII 5.2 NA							Change	☐ Addition	
NAME					DDRESS							
STREET ADDRESS	•			TY-ST-								
TITLE		☐ DELETE	6.1 TI			 				☐ Change	☐ Addition	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

305 296 4687