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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

H48501

(1)

12-10-97

MASLOW CONSTRUCTION AND BUILDING CONSULTANTS, IN

BAYS

INCORPORATED

| VOLATION HOAD<br>UNIT 101<br>MELBOURNE FL 32904<br>US | UNIT 101<br>MELBOURNE FL 32904<br>US |   | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  03/22/1985               | SPACE                                 |  |
|---|--------------------------------------|---|---|---------------------------------------|--|
| 2. Principal Place of Business                        | 2a. Mailing Address                  | is Dade   | 4. FEI Number   | Applied For                           |  |
| 1 700 ATLANTIS ROAD                                   | 26 700 A+LHNY                        | is ROAD   | 59-2518645  | Not Applicable                        |  |
| Suite, Apt. #, etc.<br>2 UNIT 201                     | Suite, Apt #, etc.                   |   | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required     |  |
| city & State    MELBOUTNE FL                          | City & State  28 MELLOURNE           | FL  | Election Campaign Financing     Trust Fund Contribution                           | <b>\$5.00</b> May Be<br>Added to Fees |  |
| Zip Country 32904 25 US                               | 29 32904 30 Co                       | untry<br>以S   | 8. This corporation owes or has paid the cy<br>Personal Property Tax due June 30. | Yes No                                |  |
| P, Name and Address of Current Registered Agent       |                                      |   | 10. Name and Address of New Registered Agent                                      |                                       |  |
| . MASLOW, JOHN  |                                      | 81 Name   |   |                                       |  |
| 2205 REDWOOD AVE MELBOURNE BCH 32951                  |                                      | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                                       |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,               |                                      | 83  | _   |                                       |  |
|   |                                      | 84 City   | FI  | <u>- L.J </u>                         |  |

| 11. Pursuant t<br>office or re<br>agent. I ar | o the provisions of Sections 607.0502 and 607.<br>egistered agent, or both, in the State of Florida.<br>In familiar with, and accept the obligations of, Si | 1508, Florida Statute<br>Such change was a<br>ection 607.0505, Flo | es, the above-named co<br>authorized by the corpora<br>arida Statutes. | rporation submits this statement for the ation's board of directors. I hereby acc  | e purpose of changing its registered<br>cept the appointment as registered |
|---|---|--|--|--|--|
| SIGNATURE                                     | Signature types or printed name of registered agent and title if a  | oolicable (NOTE  | Registered Agent signature reg   | ured when reinstating)   | DATE   |
| 12.   | OFFICERS AND DIRECTO  |  | 13.  | ADDITIONS/CHANGES TO OF  | FICERS AND DIRECTORS IN 12   |
| TITLE   | PST   | DELETE   | 11 TITLE   |  | Change Addition  |
| NAME  | MASLOW, JOHN  |  | 12 NAME  |  |  |
| STREET ADDRESS                                | 2205 REDWOOD AVE  |  | 13 STREET ADDRESS  |  |  |
| CITY-ST-ZIP                                   | MELBOURNE BCH FL  |  | 1.4 CHTY - ST - ZIP  |  |  |
| TITLE   | V   | DELETE   | 21 HILE  |  | Change Addition  |
| NAME  | MASLOW, A CAROL   |  | 2.2 NAME   |  |  |
| STREET ADDRESS                                | 2205 REDWOOD AVE  |  | 2 3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                                   | -MELBOURNE BCH FL   |  | 2 4 CITY-ST-ZIP  | ·  |  |
| TITLE   |   | DELETE   | 3.1 TITLE  |  | ☐ Change ☐ Addition  |
| NAME  |   |  | 3.2 NAME   |  |  |
| STREET ADDRESS                                |   |  | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP                                   |   |  | 3.4. CITY-ST-ZIP   |  |  |
| TITLE   |   | DELETE   | 4.1 TITLE  |  | ☐ Change ☐ Addition  |
| NAME  |   |  | 4. 2 NAME  |  |  |
| STREET ADDRESS                                |   |  | 4.3 STREET ADDRESS   |  |  |
| C/TY-ST-ZIP                                   |   |  | 4.4 CITY-ST-ZIP  |  |  |
| TITLE   |   | DELETE   | 5.1 TITLE  |  | Change Addition  |
| NAME  |   |  | 5.2 NAME   |  | 45   |
| STREET ADDRESS                                |   |  | 5.3 STREET ADDRESS   |  | ~ in in  |
| CITY-ST-ZIP                                   |   |  | 5.4 CITY-ST-ZIP  | The second secon | 4111   |
| TITLE   |   | DELETE   | 6.1 TITLE  | <b>9000024</b><br>-04/17/9801  | Thange Addition  |
| NAME  |   |  | 6.2 NAME   |  | U46==UU3   |
| STREET ADDRESS                                |   |  | G.3 STREET ADDRESS   | ***150.00  |  |
|   |   |  | I  |  |  |

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 13 if changed, or on an attachment with an address.

11-9-98

**FILED** 

Apr 17 1998 8:00am

Secretary of State