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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # H66257



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90010 024 ***150.00

ALLEN A	ND DANIELS CONSTRU	JCTION COMPANY	, INC.					
Principal Place	e of Business	Mailing Addres) iffelfit atio ettis ettise tress first teet at	Are mibit arace asast .	MIM14 MEM14 14M1
5826 SW 23 ST. HOLLYWOOD FL 33023 5826 SW 23 ST. HOLLYWOOD FL 33023						DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed 07/15/1985		
2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number	Aţ	plied For
21		26				59-2556601	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.		, , ,	5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
	9*1490	City & Stat	ء ر سيد - 0	·	-	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		
24	25	29	30	<u> </u>		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of C	urrent Registered Agen	<u>t</u> _	04	A 1	10. Name and Address of New Registe	red Agent	
ALLE	IN DATE !			81	Name			
ALLEN, DALE L. 5826 SW 23 ST.				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
•			-	83				
HOLLYWOOD FL 33023			•	84	City		85 Zip	Code
						tion a leaster this statement for the purpos	o of changing its	ragistared
11. Pursuant office or reagent. I a	to the provisions of Sections 60: egistered agent, or both, in the 5 m familiar with, and accept the c	7.0502 and 607.1508, Flo State of Florida. Such cha obligations of, Section 60	onda Statutes, inge was auth 7.0505, Florida	tne above orized by i Statutes.	the corpor	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	pointment as re	egistered
SIGNATURE	Signature, typed or printed name of register					guired when reinstating) DAT		
12.		S AND DIRECTORS	(NOTE, NO	13.	it aignature rec	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	STD		DELETE	1.1 TITLE			Change	☐ Addition
NAME	ALLEN, ROBERTA			1.2 NAME	1			1
STREET ADDRESS	5826 S.W. 23RD. ST.			1.3 STREET	ADORESS			
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST	r-ZIP			
TITLE	PD DELETE		2.1 Ππ.Ε			☐ Change	☐ Addition	
NAME (ALLEN, DALE			2.2 NAME				. 1
STREET ADDRESS	5826 S.W. 23RD ST.			2.3 STREET	ADORESS]
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-S	T-ZIP			
TITLE _			DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME	1	-	75-35-5	[
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP			_	3.4. CITY+S	T-ZIP			
TITLE			DELETE	4.1 TITLE		•	Change	☐ Addition
NAME '				4. 2 NAME				ļ
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S1	T-ZIP		· .	
TITLE		Ц	DELETE	5.1 TITLE]		Change	☐ Addition
NAME	;			5.2 NAME	. ADDDESS			
STREET ADDRESS				5.3 STREET	1			ļ
CITY-ST-ZIP			OF LETE	5.4 CITY-ST 6.1 TITLE	I-ZIP		☐ Change	Addition
TITLE		Ц	DELETE	6.2 NAME			□ спавуе	
NAME	'				ADDESS			
STREET ADDRESS				6.3 STREET	MUUKESS			

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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE!

CITY-ST-ZIP