PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90131 008 ***150.00

1. Corporation	MENT # J62535 Name NENERATION CONSTRUCTION							
Principal Place	e of Business	Mailing Address					I MINIS KINIS NINIS NINSI NINIS KINIS	Į ž un f
600 SANDTREE DRIVE SUITE #108 PALM BEACH GARDENS FL 33403 US		600 SANDTREE DRIVE SUITE #108 PALM BEACH GARDENS FL 33403 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/18/1987			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied Fo	or
21		26				59-2788072	Not Applic	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Addition	
22		27				5. Certifcate of Status Desired	Fee Required	
City & State	8	City & State				6. Election Campaign Financing	\$5.00 May B	e
23		28				Trust Fund Contribution	Added to Fees	<u>. </u>
Zìp	Country	Zip	Cour	try		8. This corporation owes the current y	rear Intangible	}
24	25		30			Personal Property Tax.	Yes 12 No	
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New Regis	stered Agent	
CDA	ANTIJAAN "PUDP" .			81 Name	;			
GRANTHAM, KIRK				82 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
1860 FOREST HILL BLVD.			Ĺ					_—
#105 W PALM BCH FL 33406				83				
) W P	ALM DUTI FL 33400		}	84 City			85 Zip Code	
	·							
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was au	thorized	by the cor	poration	ration submits this statement for the purp i's board of directors. I hereby accept the	e appointment as registered	d
	Signature, typed or printed name of registered age		-	gent signature	required v		ATÉ	
12.		ID DIRECTORS	13.		PZ	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN	12 Addition
TITLE	PD:	□ pereie	1.1 TITI	,,	D	OBERT D. MADDOX	(E) ournão 🗀 🗸	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	MADDOX, ROBERT D.		1.2 NA	-		51 LEETH CT.		
STREET ADDRESS	7653 EDGEWATER DR.			EET ADDRES		EST PAUN BEAUN FO	1 22412	1
CITY-ST-ZIP	W PALM BEACH FL	☐ DELETE	1.4 C/T	Y-ST-ZIP				Addition
TITLE	ST CUIDIEV M	- Deterie	2.1 III			HRIEY M. MADDO,	X 1203- 12	·
NAME	MADDOX, SHIRLEY M. 7653 EDGEWATER DR.				<i> /</i> 4	151 LEETH CT.	1	ľ
STREET ADDRESS			1	EET ADDRES	'\ 10 k	ESTPAUM BEACH, I	1.38412	ļ
CITY-ST-ZIP	W PALM BEACH FL	☐ DELETE	3.1 TITI	Y-ST-ZIP		AMIEM. MADE		Addition
TITLE			3.2 NA				.D. 7	
NAME OTDEET ADDRESS	•			REET ADDRES	12/	40 ELPINE WAY	-1 00110	
STREET ADDRESS				Y-ST-ZIP	an	EST PAUN BEACH,	Th 30418	{
CITY-ST-ZIP		☐ DELETE	4.1 TITI				Change A	Addition
NAME I		_	4.2 NA		1			ĺ
STREET ADDRESS			1 '	REET ADDRES	s			
CITY-ST-ZIP				Y-ST-ZIP				1
TITLE		☐ DELETE	5.1 TITI		+		☐ Change ☐ A	Addition
NAME			5.2 NA	Æ				
STREET ADDRESS			5.3 STF	EET ADDRES	s			{
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TITI	.E	1		Change A	Addition
NAME	•		6.2 NA	ΛE				

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