Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90026 026 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K25363

1. Corporation Name

AVANTI CONSTRUCTION, INC.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
Principal Place of Business Mailing Address						
4355 SE COMMERCE AVE 4355 SE COMMERCE AVE						
STUART FL 34997 STUART FL 34997					DO NOT WRITE IN THIS	SPACE
US US					Date Incorporated or Qualifed	
		•			06/03/1988	1
20 Mailing Address				_	4. FEI Number	Applied For
2. Principal Place of Business 2a. Mailing Address					65-0053383	Not Applicable
21 26 Suite Apt # etc				_	00 000000	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Required
22 27 City & State City & State					6 Floation Compaign Financing	\$5.00 May Be
- ¬ * ' ' ' ' - ' ' ' ' ' ' ' ' ' ' ' ' ' '		⊢ ¬ '			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
23			Country		8. This corporation owes the current year Int	
Zip		29 30	ı .		Personal Property Tax.	Yes No
24	9. Name and Address of Curre		L		10. Name and Address of New Registered	
	5. Name and Address of Curre	it Kedisteren Marit	81	Name		
Tartaglia, Brenda L.						
		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
17109 SE LIMRICK CT TEQUESTA FL 33469			83	 		
	02011112 00 100		""			
	•		84	City	FL	85 Zip Code
atr.					rporation submits this statement for the purpose of	
office or r	registered agent, or both, in the State im familiar with, and accept the obligi	e of Florida. Such change was auth ations of, Section 607.0505, Florida	onzed by Statutes	the corpora	aired when reinstating) DATE	Military as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE	ļ		☐ Change ☐ Addition
NAME	TARTAGLIA, BRENDA L		1.2 NAME			1
STREET ADDRESS	17109 SE LIMRICK CT		1.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 C/TY-S	1-ZIP_		
TITLE		☐ DELETE 2.1 TI				Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		
_TITLE			3.1 TITLE		,	_ Change _ Addition
NAME			3.2 NAME	}		
STREET ADDRESS				TADDRESS		
			3.4. CITY-5			
CITY-ST-ZIP TITLE	773		4.1 TITLE	,, <u>L</u>		☐ Change ☐ Addition
NAME			4. 2 NAME			
				T ADDRESS		ĺ
STREET ADDRESS	1		4.4 CITY-S	ì		\"
CITY-ST-ZIP TITLE	 	DELETE	5.1 TITLE	11-2II		☐ Change ☐ Addition
			5.2 NAME	1		
NAME	٠.			T ADDRESS		· ·
STREET ADDRESS	1		5.4 CITY-S			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME		<u> </u>	6.2 NAME			- "

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 trusted 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 off an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS