Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90062 041 \*\*\*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# ..

1. Corporation		5							
BERTOZ	ZI CONSTRUCTION, INC.					I HERMAKI ORI GINGE ANAL ARIKI ARIKI AR	181 6111 6161 616	[1 <b>. 618]: 118</b> ]	E BUBUL BUBUL 1886
			_						
Principal Place of Business Mailing Address									
340 B 10TH STREET						DO NOT WEE	TE IN TUIC (	PDACE	
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
2. Principal Place of Business 2a. Mailing Address						12/22/1988 4. FEI Number Applied For			nolied For
7						65-0086628	•	<del></del>	ot Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.									Additional
22 27						5. Certifcate of Status Desired		Fee F	Required
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23	28			Trust Fund Contribution Added to Fees					
Zip	Country Zip Cou			ntry		8. This corporation owes the curr	_		
24	25	29	30			Personal Property Tax.		∐Yes	□No
	9. Name and Address of Curr	ent Registered Agent		04		10. Name and Address of New F	legistered A	gent	
oro	PO771 ALLENIO			81	Name	·			
BERTOZZI, ALLEN S.			Ī	82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
340 B 10TH STREET			-	83			<i></i>		
LAKE PARK FL 33403				33					
				84	City		FL	85 Zip	Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statu	tes.	tne corporatio	n's board of directors. I hereby accep	DATE		
12.		AND DIRECTORS	13.		***	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECT	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITE	LE		<del></del>		☐ Change	e
NAME	Bertozzi, Allen S.			ME					
STREET ADDRESS			1.3 STF	1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CIT	1.4 CITY-ST-ZIP					
TITLE	PVD	□ DELETE ■ A 4 =		LE		,		☐ Change	a Addition
NAME			2.2 NA	ME				•	
STREET ADDRESS	RESS 2610 RICHARD RD 235		2.3 STF	2.3 STREET ADDRESS					-
CITY-ST-ZIP			2. 4 CI	TY-\$1	T- ZIP				
TITLE		☐ DELETE	3.1 TITT	LΕ				Change	e
NAME			3.2 NA	ME					1
STREET ADDRESS			3.3 STF	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI		T- ZIP			Chana	. Addition
TITLE		☐ DELETE	4.1 111					Change	e
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CIT 5.1 TIT		r-zi <del>P</del>			Change	e Addition
TITLE		₩ DECEIE	5.1 III 5.2 NA				:		
NAME					ADDRESS			-	
STREET ADDRESS			5.4 CIT						
CITY-ST-ZIP		☐ DELETÉ	6.1 TIT					Change	e Addition
HILL	1							_ •	,

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:

NAME

STREET ADDRESS