May 05, 1999 8:00 am Secretary of State

05-05-1999 90042 044 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58239

1. Corporation Name

Principal Place of Business

CAVALLO AND TODARO CONSTRUCTION COMPANY INC.

| 120 SE 127TH (POMPANO BEAG US | * · | 120 SE 12TH CT POMPANO BEACH FL 33060 US | | | DO NOT WRITE IN THI 3. Date incorporated or Qualifed 01/12/1989 | S SPACE | |
|---|-----------------------|--|--------------------------|-------------|---|---------------------------------------|--------------|
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number 65-0093048 | \- | oplied For |
| 26 | | | | | 0070093040 | · · · · · · · · · · · · · · · · · · · | Additional |
| <u>⊢</u> , -, -, -, -, -, -, -, -, -, -, -, -, -, | | | | | 5. Certifcate of Status Desired | | equired |
| City & State | <u> </u> | | City & State | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 28 | | ⊢ ¬ ' | , | | Trust Fund Contribution | Added | |
| Zip | Country Zip | | Country | | 8. This corporation owes the current year li | ntangible | |
| 24 | 25 | 29 3 | 0 | | Personal Property Tax. | ☐Yes | ☑ № |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered | Agent | |
| | | | 81 | Name | | | |
| TODARO, STEPHEN 120 SE 12TH CT POMPANO BEACH FL 33060 | | | 82 | Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | |
| | | | 84 | City | FI | 85 Zip | Code |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | 1 | | Change | ☐ Addition |
| NAME | TODARO, STEPHEN | | 12 NAME | | | | |
| STREET ADDRESS | 120 S.E. 12TH CT. | | 1.3 STREE | T ADDRESS | | | 1 |
| CITY-ST-ZIP | POMPANO BCH. FL 33301 | | 1.4 CITY-5 | T-ZIP | | ☐ Change | Addition |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | - 1 | | ☐ Citarige | () Addition |
| NAME | TODARO, STEPHEN | | 22 NAME | | | | |
| STREET ADDRESS | 120 SE 12TH CT. | | | TADDRESS | | | |
| CITY-ST-ZIP | POMPANO FL | ☐ DELETE | 2. 4 CITY- | 31-ZIP | | Change | Addition |
| TITLE | • | _ 020212 | 3.2 NAME | | | _ • | _ |
| NAME STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-5 | T-ZIP | | | |
| TITLE | | ☐ DELETE | 51 TITLE | | | Change | ☐ Addition |
| NAME | | | 5.2 NAME | - | | | \ |
| STREET ADDRESS | | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY- 5 6.1 TITLE | T-ZIP | | Charge | Addition |
| TITLE | | ☐ DELETE | | | | Change | L) Audition |
| NAME '. | ¹ - 발턴 | | 6.2 NAME | | | | |

14. I hereby certify that the information supplied with this viling 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 suppliemental 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 of 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, on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP