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 # K62906

1. Corporation Name

MINOTTI CONSTRUCTION INC.

Principal Place of Business		Mailing Address	Mailing Address							
1320 NW 2ND CIRCLE		1320 NW 2ND CIRCLE								
P.O. BOX 1973		P.O. BOX 1973				DO NOT WRITE IN THIS SPACE				
BOCA RATON FL 33429		BOCA RATON FL 33429	BOCA RATON FL 33429			3. Date Incorporated or Qualifed				
						02/02/1989				
	- A During	a- Moiting Address				4. FEI Number			App	ied For
-	ace of Business	2a. Mailing Address	41			65-0096836				Applicable
21\			26 Suite Ant # ato			03 (030030	\$8.75 Additional			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Certificate of Status Desired			e Req	
22			City 8 State			- Flagge Compile Figure				
City & State		<u></u>	City & State		6. Election Campaign Financing Trust Fund Contribution		_	ded to	lay Be	
23 Country			Zip Country				t co on Into		100 10	
Zip	Country	Zip	_	i iu y		 This corporation owes the current Personal Property Tax. 		∏ Yes	Г]No ∫
24	25	<u> </u>	30			10. Name and Address of New Re				
	9. Name and Address of Curre	ent Registered Agent		81	Name	IV. Hame and Address of New York	giotorou .			
BERMAN, PHILIP M., ESQ.			~ Name		,					
2424 NE 22ND STREET			82 Street		Street Add	ress (P.O. Box Number is Not Acceptable	le).			
POMPANO BEACH FL 33062										
FOW	IFANO DEACHTE SSG02			83						
				84	City		FL	85	Zip Co	ode
	to the convinience of Scotings 507.05	500 and 507 1509 Elorida Statuta	n: the al	bovo	named corr	poration submits this statement for the p	urnose of o	hangir	a its r	egistered
office or re	egistered agent, or both, in the Stat	e of Florida. Such change was au	tnorizea	ז עס נ	he corporati	ion's board of directors. I hereby accept	the appoin	tment	as regi	stered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	da Stati	utes.						
SIGNATURE		ALOTE A		A	-1	ed when reinstating)	DATE			
<u></u>	Signature, typed or printed name of registered at	AND DIRECTORS	13.	- Agoin	Signature require	ADDITIONS/CHANGES TO OFF		DIRE	CTOF	S IN 12
12.	DPS	DELETE	1.1 TII	ΠE		Notificial of Paragraphic Control of Paragrap	<u> </u>	☐ Cha		Addition
		<u></u>	1.2 NA							
NAME	MINOTTI, GABRIEL, JR. 1320 NW 2ND CIR				ADDRESS					
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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 comporation 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 charged, or on an attachment with an address, with all other like empowered.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90081 002 ***150.00