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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1.65922

| Corporation | Name LUJJEZZ | | | | | | |
|--|---|--------------------------------------|---|--|---|-------------------------------------|-------------------------------------|
| • | ONSTRUCTION, INC. | | | | | | |
| Mabo | CHOTHOCHOIA, INC. | | | | 1 20011011 010 01101 01110 10110 21010 1131 SI | (4.460)) O(D (4.060) | #11 #1811 (# # 1 |
| | | | | | |) | |
| | | | | | | li Bibil Dibil Dibil Dibil Di | |
| Principal Place | of Business | Mailing Address | | | | | |
| 945 FELLSMERE | RD | 945 FELLSMERE RD | | | | | |
| STE 3 | | STE 3 | | | DO NOT WRITE IN TH | IS SPACE | |
| SEBASTIAN FL | 32958 | SEBASTIAN FL 32958 US | | | 3. Date Incorporated or Qualifed | | |
| US | | 03 | | | 04/13/1990 | | ļ |
| | | | | | 4. FEI Number | l Ann | lied For |
| ├ ── | ace of Business | 2a. Mailing Address | | | 59-3024913 | <u> </u> | Applicable |
| 21 | | 26 | | | 59-30249 13 | \$8.75 A | |
| Suite, Apt. #, etc. | | | | | 5. Certifcate of Status Desired | Fee Red | |
| 22 | | 27 | | | | | <u> </u> |
| City & State | • | City & State | | | 6. Election Campaign Financing | \$5.00 i Added to | |
| 23 | | 28 | | | Trust Fund Contribution | **** | 71003 |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | | [☑No |
| 24 | 25 | | 30 | | Personal Property Tax. 10. Name and Address of New Registere | | <u>K</u> 3140 |
| | 9. Name and Address of Curren | nt Registered Agent | 81 | Name | 10. Name and Address of New Registere | u Agent | _ |
| 0411 | OHOU WILLIAM E | | 61 | Name | | | |
| BALLOUGH, WILLIAM E. | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| | STARFLOWER AVENUE | | | | | | |
| SEB/ | astian FL 32958 | | 83 | | | | |
| | | | 84 | City | | 85 . Zip.C | ode |
| | | | | , | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | ode |
| 11. Pursuant t | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes | s, the above | e-named corp | poration submits this statement for the purpose | of changing its | registered ; |
| l office or re | egistered agent, or both, in the State n familiar with, and accept the obliga | of Florida. Such change was all | inonzea by | the corporation | on's board of directors. I hereby accept the app | oonument as reg | nstereu . |
| \ | · · | 110113 01; 0001011 001 10000; 1 1011 | | • | | | |
| SIGNATURE | | | | | | | |
| 0.0.0.0.0 | Signature, typed or printed name of registered agei | nt and title if applicable. (NOTE: I | Registered Ager | nt signature require | d when reinstating) DATE | | |
| | Signature, typed or printed name of registered agei OFFICERS AN | nt and title if applicable. (NOTE: I | Registered Ager | nt signature require | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| 12. | OFFICERS AN | <u> </u> | | nt signature require | o montenada, | AND DIRECTO | RS IN 12 |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | nt signature requira | o montenada, | | |
| 12. TITLE NAME | OFFICERS AN PD BALLOUGH, WILLIAM E. | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME | | o montenada, | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AN PD BALLOUGH, WILLIAM E. 955 STARFLOWER AVE. | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | T ADDRESS | o montenada, | | |
| 12. TITLE NAME STREET ADDRESS GITY-ST-ZIP | OFFICERS AN PD BALLOUGH, WILLIAM E. 955 STARFLOWER AVE. SEBASTIAN FL | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S | T ADDRESS | o montenada, | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AN PD BALLOUGH, WILLIAM E. 955 STARFLOWER AVE. SEBASTIAN FL ST | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE | T ADDRESS | o montenada, | ☐ Change | Addition |
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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 attaction and address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Carole Ballough

2/16/1999

#561-589-7472

Daytime Phone #