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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66742

(2)

CLARK CONTRACTORS, INC. OF MIAMI

Principal Place of Business Mailing Address

1425 S.W. 27 AVE 1425 S.W. 27 AVE

FILED
Mar 26 1998 8:00am
Secretary of State

Dringing Dies		Mailing Address			
Principal Place of Business Mailing Address					
1425 S.W. 27 AVE. MIAMI FL 33145 US		1425 S.W. 27 AVE. Miami Fl. 33145 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/19/1990	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 Suite, Apt. #, etc. 27		65-0194792	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p)	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	🔀 Yes 🔲 No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	ed Agent
90 25	IVIS, WILLIAM E ESQ O INGRAHAM BLDG SW 2ND AVENUE AMI FL 33131		84 City	100 SE 2nd St. #2950	
agent. I a	m familiar with, and accept the oblig		Torida Statutes. DTE Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a few when reinstating)	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO	☐ DELETE	1.1 TITLE		Change Additi
NAME	CLARK, RAYMOND F.		1.2 NAME		
STREET ADDRESS	1425 S.W. 27TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	21 TITLE		Change Addit
NAME	CLARK, MARK C.		2.2 NAME		
STREET ADDRESS	1425 S.W. 27TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY+ST-ZIP		
TITLE		DELETE	9.1 TITLE		Change Addit
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-S1-ZIP			3.4. City-St-ZiP		F-1 -:
TITLE	}	☐ DELETE	4.1 TITLE		Change Addit
NAME			4. 2 NAME		
CIPERT IDANCEC			44 070777 4000700		

14. Thereby 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 compration 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 it granged, or on an attachment with projections.

4.4 CiTY-ST-ZiP

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

__ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2/1/93 30/ 6496500

Change

Change

Addition

Addition