

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90055 013 ***158.75

DOCUMENT # L84636

1. Corporation Name
BEEMAN CONSTRUCTION CORP.

Principal Place of Business
520 S. DIXIE HWY.
HOLLYWOOD FL 33020
US

Mailing Address
520 S. DIXIE HWY.
HOLLYWOOD FL 33020
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number
65-0205729

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5991 S.W. 44TH ST.

Suite, Apt. #, etc.

City & State

23 DAVIE, FL

Zip 33314

Country US

2a. Mailing Address

26 5991 S.W. 44TH ST.

Suite, Apt. #, etc.

City & State

28 DAVIE, FL 33314

Zip 33314

Country US

9. Name and Address of Current Registered Agent

BEEMAN, BENJAMIN
630 SE 5TH AVE
POMPANO BCH. FL 33060

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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 AND DIRECTORS

TITLE D ☒ DELETE
NAME BEEMAN, BENJAMIN CLAY
STREET ADDRESS 630 S.E. 5TH AVE.
CITY-ST-ZIP POMPANO BCH. FL

TITLE V ☒ DELETE
NAME DEMARCADO, CHRISTOPHER
STREET ADDRESS 1209 N.W. 11TH ST.
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME BEEMAN BENJAMIN CLAY
1.3 STREET ADDRESS 5991 SW 44TH ST
1.4 CITY-ST-ZIP DAVIE, FL 33314

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (954) 791-6388
Date Daytime Phone #

CR2E034 (11/98)