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

Mailing Address

7204 NW 21 ST

SUNRISE FL 33313

% ronald M. Kimbler

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L85153

1. Corporation Name

Principal Place of Business % RONALD M. KIMBLER

7204 NW 21 ST 5 4 1 SUNRISE FL 33313

CONSTRUCTION CONCEPTS OF BROWARD, INC.

2. Principal Pla	ace of Business	2a. Mailing Address			_	4. FEI Number		Ap	plied For	
21		26				65-0206967		No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					E. C. vife at all Cintus Desired	<b>-</b>	\$8.75	I		
27					5. Certificate of Status Desired	<u> </u>	Fee Re	equired		
City & State City & State				-		6. Election Campaign Financing		\$5.00	May Be	
¬ ·				¥ 1		Trust Fund Contribution		Added		
Zip	Country Zip			Country		8. This corporation owes the curr	ent vear Inta	ngible		
<del></del> '	25	29	30			Personal Property Tax.	•	☑ Yes	□No	
24	9. Name and Address of Curr		190]			10. Name and Address of New F	Registered A	Agent		
		*it		81 Name						
KIMBI FR RONALD M.										
KIMBLER, RONALD M. COMPARD SECTION OF COMPARE SECTI				82 Street Address (P.O. Box Number is Not Acceptable)						
SUNRISE FL 33313				83						
SOULUSE LE SOUIS										
	•	•		84 City		- विकास के किया है। जिस्सी के किया के किया के किया किया के किया किया किया किया किया किया किया किया		85 Zip	Code	
a position of	Ergo dums miles	or termination or all many					ГЬ	<u> </u>	sociatored	
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 of the purpose of changing its registered of the corporation of the purpose of changing its registered of the corporation of the corporatio										
office or registered agent, or both, in the State of Florida. Such change was adultifized by the corporation's sould of diseases in No. 1975. The State of Florida Statutes.										
CIONATURE										
SIGNATURE	Signature, typed or printed name of registered a			gent signature r	required v	when reinstating): (4) //	DATE	D DIOCOTO	DC (N) 42	
12.	OFFICERS	AND DIRECTORS	13.		<del>,</del>	ADDITIONS/CHANGES TO OF	FICERS AN		Addition	
TITLE	PD	☐ DELETE	1.1 TITU	.E		<b>55</b> (2.5 H)		☐ Change	. Addition	
NAME	KIMBLER, RONALD M.		1.2 NA	1.2 NAME						
STREET ADDRESS 7204 NW 21 ST			1.3 STF	REET ADDRESS		;	•			
CITY-ST-ZIP	SUNRISE FL		1.4 CIT	Y-ST-ZIP				•		
TITLE			2.1 TITU					☐ Change	☐ Addition	
	KIMBLER, SHIRLEY W.			ΜE					}	
NAME				REET ADDRESS	.				Ì	
STREET ADDRESS				2.4 CITY-ST-ZIP						
CITY-ST-ZIP	SUNRISE FL	¹⊃ □ DELETE	3.1 TITI		┼			Change	Addition	
TITLE	FR ROMAN M								_ [	
NAME ()	MARKET STATE	BROWNER IN	3.2 NA		1					
STREET ADDRESS	MISE PLOYORS		3.3 517	REET ADDRÉSS	i  .		樹的鍵表			
CITY-ST-ZIP	HOLE TO SOLVE		_	TY-ST-ZIP	-				Addition	
TITLE		☐ DELETE	4.1 TITI	LE		○ 大道を (1) 特になる を (1) Pro (1)	192 (** \$ <b>1</b> 2 * 7		A E JAGGRON	
NAME NAME AT	entina Chi	9 R09 V B 1 - V L 1 1	4. 2 NA	ME	1				.	
STREET ADDRESS	megaras   est	7.34	4.3 STF	REET ADDRESS	3				1	
CITY-ST-ZIP" 3	원호	Mary Comment	4.4 CIT	Y-ST-ZIP						
TITLE		☐ DELETE .	5.1 TIT	LE .				Change	☐ Addition	
NAME			5.2 NA	ME					,	
STREET ADDRESS			5.3 STI	REET ADDRESS	3					
CITY-ST-ZIP	<i>P</i> 0		5.4 CIT	Y-ST-ZIP		ABART AT				
TITLE	स्थाप्तकारण, रहणभर छ ।	☐ DELETE	6.1 TIT	LE .				Change	☐ Addition	
NAME			6.2 NA	ME	1					
IVAVIL	SUITABLE FL		6.3 ST	REET ADDRESS	3					
STREET ADDRESS	OV _			Y-ST-ZIP						
CITY-ST-ZIP		A A S A S A S A S A S A S A S A S A S A			od in Sa	ection 119 07(3)(i) Florida Statutes	I further cer	tify that the	information	

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90001 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/29/1990

CR2E034'(11/98)

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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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in only the corporation of the c

SIGNATURE: SIGNATURE AND TYPE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORDIRECTOR

Jan 6, 1999 954-1

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