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Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90013 021 \*\*\*158.75

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M02998

1. Corporation Name  
POLLIO BUILDERS, INC.

Principal Place of Business  
4966 NW 96 DIVE  
CORAL SPRINGS FL 33076  
US

Mailing Address  
4966 NW 96 DRIVE  
CORAL SPRINGS FL 33076  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/23/1984

4. FEI Number  
59-2443139

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

10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 9861 W. SAMPLE RD  
Suite, Apt. #, etc.  
22 #194  
City & State  
23 CORAL SPRINGS, FL  
Zip  
24 33065 Country  
25 BROWARD  
2a. Mailing Address  
26 P.O. BOX 9422  
Suite, Apt. #, etc.  
27  
City & State  
28 CORAL SPRINGS, FL  
Zip  
29 33075 Country  
30 BROWARD

9. Name and Address of Current Registered Agent

POLLIO, STEVEN A.  
4966 NW 96 DRIVE  
CORAL SPRINGS FL 33076

81 Name  
STEVEN A. POLLIO  
82 Street Address (P.O. Box Number is Not Acceptable)  
9861 W. SAMPLE RD.  
83 #194  
84 City  
CORAL SPRINGS FL  
85 Zip Code  
33065

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	P	DELETE
NAME	POLLIO, STEVEN A.	
STREET ADDRESS	4966 NW 96 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VS	DELETE
NAME	POLLIO, PAMELA	
STREET ADDRESS	4966 NW 96 DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
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	POLLIO, STEVEN A.		
1.3 STREET ADDRESS	9861 W. SAMPLE RD. #194		
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33065		
2.1 TITLE	VS	Change	Addition
2.2 NAME	POLLIO, PAMELA		
2.3 STREET ADDRESS	9861 W. SAMPLE RD #194		
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
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 and typed or printed name of signing officer or director  
STEVEN A. POLLIO

Date  
1/25/99 (954) 537 7742  
Daytime Phone #

CR2E034 (11/98)