

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90300 025 ***150.00

DOCUMENT # M33340

1. Corporation Name

J.W. BUSH FORMING CONTRACTORS, INC.

Principal Place of Business

23555 S.W. 120 AVE.
13899 BISCAYNE BLVD. SUITE 105
MIAMI FL 33181-1637
US

Mailing Address

C/O IRA R. SHAPIRO
13899 BISCAYNE BLVD. SUITE 105
MIAMI FL 33181-1637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1986

4. FEI Number

59-2680520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 c/o James Warren Bush

Suite, Apt. #, etc.

22 23555 SW 120th Avenue

City & State

23 Princeton, FL

Zip

24 33032

Country

25 US

2a. Mailing Address

26 c/o Ira R. Shapiro

Suite, Apt. #, etc.

27 16375 NE 18th Ave., Suite 225

City & State

28 North Miami Beach, FL

Zip

29 33162

Country

30 US

9. Name and Address of Current Registered Agent

SHAPIRO, IRA R
13899 BISCAYNE BLVD.
SUITE 105
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

Ira R. Shapiro

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

16375 NE 18th Avenue, Suite 225

83

84 City

North Miami Beach

FL

85 Zip Code

33162

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.

IRA R. SHAPIRO

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUSH, JAMES WARREN	
STREET ADDRESS	23555 SW 120 AVE.	
CITY-ST-ZIP	PRINCETON FL 33032	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUSH, DANIEL	
STREET ADDRESS	23555 SW 120th AVENUE 120 AVE.	
CITY-ST-ZIP	PRINCETON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0275554