

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90122 002 ***150.00

DOCUMENT # M46069

1. Corporation Name

CONCRETE RESTORATION & CONSTRUCTION, INC.



Principal Place of Business

121 N.E. 32 STREET
OAKLAND PARK FL 33334

Mailing Address

121 N.E. 32 STREET
OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1987

4. FEI Number

59-2786067

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 2303 North Andrews Avenue

27 Suite, Apt. #, etc.

28 Ft. Lauderdale FL

29 Zip Country

30 33311

31 USA

9. Name and Address of Current Registered Agent

LITTLE, BRUCE H
WILTON PLAZA
1881 NORTH EAST 26TH STREET, SUITE 40
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name

Robert Siegman, Jr.

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

2303 North Andrews Avenue

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33311

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

Robert Siegman Jr.
Signature, typed or printed name of registered agent and title if applicable.

Robert Siegman Jr. Director
(NOTE: Registered Agent signature required when reinstating)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME PST
STREET ADDRESS MELCHER, GEORGE
CITY-ST-ZIP 121 N.E. 32 STREET
OAKLAND PARK 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

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 Director ☐ Change ☐ Addition
1.2 NAME Robert Siegman, Jr.
1.3 STREET ADDRESS 2303 North Andrews Avenue
1.4 CITY-ST-ZIP Ft. Laud, FL 33311

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Monica Melcher
2.3 STREET ADDRESS 2303 North Andrews Avenue
2.4 CITY-ST-ZIP Ft. Laud, FL 33311

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:

Robert Siegman Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

954-564-5577

Daytime Phone #

CR2E034 (11/98)

0311721