

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
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90014 050 ***550.00

DOCUMENT # M47924

1. Corporation Name
QUARELLO CONSTRUCTION, INC.

Principal Place of Business
15074 S.W. 13 PLACE
SUNRISE FL 33326
US

Mailing Address
15074 S.W. 13 PLACE
SUNRISE FL 33326
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/09/1987

4. FEI Number
59-2781402

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
- Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business
21 15098 S.W. 13 PL.
Suite, Apt. #, etc.

2a. Mailing Address
26 15098 S.W. 13 PL.
Suite, Apt. #, etc.

22 City & State
23 SUNRISE, FL.

27 City & State
28 SUNRISE, FL.

24 Zip 33326 25 Country USA

29 Zip 33326 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUARELLO, FRANK
15074 S.W. 13 PLACE
SUNRISE FL 33326

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	PTVD
NAME	QUARELLO, FRANK
STREET ADDRESS	15074 S.W. 13 PLACE
CITY-ST-ZIP	SUNRISE FL
TITLE	S
NAME	QUARELLO, MARY
STREET ADDRESS	15074 S.W. 13 PLACE
CITY-ST-ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PTVD
1.2 NAME	QUARELLO, FRANK
1.3 STREET ADDRESS	15098 S.W. 13 PL.
1.4 CITY-ST-ZIP	SUNRISE, FL. 33326
2.1 TITLE	S
2.2 NAME	QUARELLO, MARY
2.3 STREET ADDRESS	15098 S.W. 13 PL.
2.4 CITY-ST-ZIP	SUNRISE, FL. 33326
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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

Date

Daytime Phone #

6-30-99 954-209-4901

CR2E034 (11/98)

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