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

Mailing Address

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90029 002 \*\*\*150.00

## **DOCUMENT # M61348**

1. Corporation Name

Principal Place of Business

B & D STRUCTURES, INC.

3201 W. GRIFFI FT. LAUDERDAI	n road Suite 202 Le FL 33312	3201 W. GRIFFIN ROAD SUI FT, LAUDERDALE FL 33312	TE 202		DO NOT WRITE IN TH	IIS SPACE	
¥.					Date Incorporated or Qualifed     10/23/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	AF	plied For
21		26			65-0014596	No	t Applicable
- Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Čertifcate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip (29)	Cou	intry	This corporation owes the current year     Personal Property Tax.	Intangible Yes	<b>B</b> No
	9. Name and Address of Curr			Γ	10. Name and Address of New Registere	d Agent	
DEAN, ROBERT S 1604 NE 205 TERR N. MIAMI BEACH FL 33179				83	ress (P.O. Box Number is Not Acceptable)	. 85 Zip	Code
					auderdale F		シンフ
	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obli	502 and 607.1508, Florida Statute te of Florida. Such change was au dations of Section .07.0505, Flori	s, the a thorized da Stat	bove-named corp i by the corporati utes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the purpose of the purpose ion's posterior in the	of changing its pointment as re	registered gistered
SIGNATURE	Signature, typed of printed name of registered a	gent and title if some able. (NOTE:	Registered	Agent signature require	ed when reinstating) DATE	<u></u>	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 (	TLE		☐ Change	☐ Addition
	DEAN, ROBERT S		1.2 N	AME (			ĺ
NAME	6390 RALEIGH ST.			REET ADDRESS			1
STREET ADDRESS							J
CITY-ST-ZIP	HOLLYWOOD FL 33021	DELETE		TY-ST-ZIP		Change	Addition
TITLE		□ nece1e	2.1 Π	Į			
NAME			2.2 N	1			ļ
STREET ADDRESS			2.3 \$	TREET ADDRESS			\
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NAME			3.2 N	AME			}
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CITY-ST-ZIP			3.4, 0	ITY-ST-ZIP			
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NAME			4. 2 N	AME }	•		}
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CITY-ST-ZIP		DELETE	5.1 TI			☐ Change	☐ Addition
TITLE			6.2 N	1		_ •	_
NAME				1			1
STREET ADDRESS				TREET ADDRESS			}
07-4 OT 7-D			■ 64 C	TY-ST-7IP			

14. Thereby 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:

MIGNATURE REPUBLIES DOWN

1-4-99 (954) 983-9292

CR2E034 (11/98)