


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000381 (1)**

1. Corporation Name

CONSTRUCTION INDUSTRY MANAGEMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

**739 SOUTH 10TH PLACE
LANTANA FL 33462**

**739 SOUTH 10TH PLACE
LANTANA FL 33462**



3. Date Incorporated or Qualified

01/23/1996

4. FEI Number

65-0637306

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 140 Yacht Club Way
Suite, Apt. #, etc.
#101**

**26 140 Yacht Club Way
Suite, Apt. #, etc.
#101**

City & State

City & State

23 Hypoluxo, Florida

28 Hypoluxo, Florida

Zip Country

Zip Country

24 33462 25 Palm Beach

29 33462 30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPLAN, LAWRENCE A
2424 N. FEDERAL HIGHWAY
SUITE 257
BOCA RATON FL 33431**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TSD	<input type="checkbox"/> DELETE
NAME	CANNON, NATASHA V	
STREET ADDRESS	739 S. 10TH PLACE	
CITY-ST-ZIP	LANTANA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GODFREY, ALBERT	
STREET ADDRESS	1224 OMAR RD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, SARAH	
STREET ADDRESS	1400 CLARE AVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DelVecchio, Paul	
STREET ADDRESS	1181 So. Rogers Circle, Suite 12	
CITY-ST-ZIP	Boca Raton, Florida 33487-2710	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cannon, Natasha V.	
1.3 STREET ADDRESS	140 Yacht Club Way, #101	
1.4 CITY-ST-ZIP	Hypoluxo, Florida 33462	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of Natasha V. Cannon

Natasha V. Cannon 8/10/98(521) 355-7746

CR2E037 (10/97)