

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90023 020 ***150.00

DOCUMENT # P02833

1. Corporation Name

CONTINENTAL CEMENT OF FLORIDA INC.

Principal Place of Business

P.O. BOX 13128
PORT EVERGLADES STATION
FT. LAUDERDALE FL 33316

Mailing Address

PO BOX 99-9007
PORT EVERGLADES STATION
MARGATE FL 33093
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1984

4. FEI Number

59-2418830

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 S
NAME HOPKINS, PAUL M.
STREET ADDRESS 200 PARKAVE.
CITY-ST-ZIP NEW YORK NY
☒ DELETE

TITLE PD
NAME SWAHN, GOSTA
STREET ADDRESS 3021 NE 46TH ST
CITY-ST-ZIP FT LAUDERDALE FL
☐ DELETE

TITLE V
NAME SUTTON, LARRY
STREET ADDRESS SLIP 3 EISENHOWER BLVD
CITY-ST-ZIP FT LAUDERDALE FL
☒ DELETE

TITLE D
NAME HOLMSEN, CATO A
STREET ADDRESS BOX 1423 VIKA
CITY-ST-ZIP OSLO NO
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD
1.2 NAME SOBERG, ASLE
1.3 STREET ADDRESS P. O. Box 619
1.4 CITY-ST-ZIP BLANDON, PA 19510
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE V
3.2 NAME SMITH, LARRY
3.3 STREET ADDRESS 6600 N. ANDREWS AVE., SUITE 200
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33309
☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME ENDRESEN, AXEL
4.3 STREET ADDRESS BOX 1344 VIKA
4.4 CITY-ST-ZIP OSLO, NORWAY
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Smith, Vice President 1/28/99 (954) 351-1800

Date

Daytime Phone #

CR2E034 (11/98)