05-10-1999 90068 046 ***150.00

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

Mailing Address

908 HYACINTH DR

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003475

Principal Place of Business 908 HYACINTH DR

ASSOCIATES BUILDING & CONSTRUCTION CORP.

DELRAY BEACH FL 33483 US		DELRAY BEACH FL 33483	DELRAY BEACH FL 33483 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
		03							
					11/05/1992				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Apr	plied For	
21		26			65-0371510		Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	-		dditional	
22		27					ee Red		
City & State	е	City & State			6. Election Campaign Financing			May Be	
23		28	Country		Trust Fund Contribution		dded to) rees	
Zip	Country				This corporation owes the current year in Personal Property Tax.	tangible Ye:		□No	
24	25 25 Address of	29 30 Current Registered Agent	<u>'' </u>		10. Name and Address of New Registered				
	5, Name and Address of	outton registered rigon.	81	Name	10				
TILLEY, MICHAEL R				20 Chart Address (D.O. Dav Alamber in Not Acceptable)					
900 N. FEDERAL HWY. SUITE 380			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83	13					
BOC	A RATON FL 33432		-			Toe I	Zip C	`ada	
			84	City	FL	85	Zip C	,oge	
office or re	egistered agent, or both, in the	e State of Florida. Such change was auth	orized by	the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changi intment	ng its r as reg	registered gistered	
agent. I a	m familiar with, and accept the	e obligations of, Section 607.0505, Florida	a Statutes						
SIGNATURE	Signature, typed or printed name of regis		gistered Ager	t signature requ	red when reinstating) DATE				
12.	OFFICE	ERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A				
TITLE	P	☐ DELETE	1.1 TITLE			□¢r	hange	☐ Addition	
NAME	ryan, robert h		1.2 NAME						
STREET ADDRESS	908 HYACINTH DR	!	1.3 STREET					İ	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-S	T-ZIP		□cr		☐ Addition	
TITLE	VS	☐ DELETE	2.1 TITLE				latige	☐ Addition	
NAME	RYAN, GERALDINE		2.2 NAME					1	
STREET ADDRESS	908 HYACINTH DR		2.3 STREET						
CITY-ST-ZIP	DELRAY BEACH FL	☐ DELETE	2. 4 CITY-S	T-ZIP		CH		Addition	
TITLE		C) DELETE	3.1 TITLE				iainge		
NAME			3.2 NAME						
STREET ADDRESS	II.		3.3 STREET						
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP			nance	Addition	
TITLE		C Deterie	4.1 ITILE 4. 2 NAME						
NAME			4.2 NAME	ADDRESS					
STREET ADDRESS			4.4 CITY-S					ļ	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	. 2"			hange	Addition	
NAME		_	5.2 NAME			-	1 .,	: (
STREET ADDRESS			5.3 STREET	FADDRESS				الم	
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	• •	•		त्र । वंदरन	
TITLE		☐ DELETE	6.1 TITLE			Cr	nange	Addition	
NAME			6.2 NAME					ļ	
STREET ADDRESS	; '		6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY- S	T- 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.

CITY-ST-ZIP