Feb 22, 1999 8:00 am Secretary of State

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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

DOCUMENT # P9200003698

| Corporation | n Name | | | | | | | | | |
|--|---|----------------------------------|---|------------------------------|--|-------------------|--|---------|---|--|
| MASTERTEC PAINTING & WATERPROOFING, INC. | | | | | | | | | | |
| | | | | | | | | | | |
| | | • • • • • | 4.1-1 | _ | | | | | 8181 1811 1881 | |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 801 WASHINGTON ST 801 WASHINGTON ST | | | | | | | | - | <u> </u> | |
| HOLLYWOOD FL 33019 US HOLLYWOOD FL 33019 US | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| 00 | | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | 11/05/1992 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Number | App | lied For | |
| 21 | | 26 | | | | | 65-0381139 | Not | Applicable | |
| Suite, Apt. | #, etc. | Sı | uite, Apt. #, etc. | | | | E Cortifonto et Statue Decired | | dditional | |
| 27 | | | | | | | Fe | | uired | |
| City & State City & State | | | ity & State | | | | 1 1 1 1 | | May Be | |
| | | | 8 | | | | Trust Fund Contribution Added to Fees | | | |
| Zip | | | | Countr | G. This solphians that the same of the sam | | | □No I | | |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | | 30 | Personal Property Tax. | | | | | |
| | 9. Name and Address of Curr | ent Register | ed Agent | 8 | 1 | Name | IV. Hairie and Address of New Yorkinsons Again | | | |
| LOR | d, dwight | | | | 1 | | | | | |
| 801 WASHINGTON ST | | | | 8: | 2 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| . HOLLYWOOD FL 33019 | | | | 8 | 3 | | | | | |
| | | | | Ļ | 1 | | 85 | Zip C | ode | |
| | | | | 8 | 1 | City | FL | | | |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607. | 1508, Florida Statut | tes, the abo | ve | -named corp | poration submits this statement for the purpose of changing | g its r | registered | |
| office or r agent. I a | registered agent, or both, in the Statum registered agent, and accept the obli | te of Florida. gations of, St | Such change was a ection 607.0505, Flo | nutnonzed b orida Statute | yι s. | ne corporau | on's board of directors. I hereby accept the appointment | 23 1 Cg | 1510100 | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered a | | • | | ent | signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRE | CTO | 29 IN 12 | |
| 12. | OFFICERS / | AND DIRECT | DELETE | 13. 1.1 TITLE | _ | IVI | | | Addition | |
| TITLE | P Dwight Lord | | belefic | 1.2 NAME | | M W | iiruati InTILLILIMO . T. | • | | |
| NAME | 801 WASHINGTON ST | | | | | ADDRESS 3 | 2201 S. Ocean Drive Surt | こみ | C00 | |
| STREET ADDRESS | l . | | | | | 1 | Hollywood, FL 33019 | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | | ☐ DELETE | 1.4 CITY- 2.1 TITLE | | -212 | | inge | Addition | |
| TITLE | GILLILAND, MARK | | _ occere | 2.2 NAME | | | <u> </u> | • | _ | |
| NAME | AND INCOMPLICATION OF | | | | | ADDRESS | | | | |
| STREET ADDRESS | HOLLYWOOD FL 33019 | | | 2.4 CITY | | | | | | |
| CITY-ST-ZIP TITLE | TICLETTICOD I E COOLO | | ☐ DELETE | 3.1 TITLE | _ | - | □ Ch: | inge | ☐ Addition | |
| NAME | | | | 3.2 NAME | | | SE \$ 3 - 13 - | | | |
| STREET ADDRESS | | | | 3.3 STRE | ΕT | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY | - 51 | T-ZIP | 14721763 | | | |
| TITLE | | | ☐ DELETÉ | 4.1 TITLE | : | | □ Ch | nge | Addition | |
| NAME - | | | | 4, 2 NAM | E | | | | | |
| STREET ADDRESS | | | | 4.3 STRE | ET. | ADORESS . | • | | | |
| CITY-ST-ZIP | | | | 4.4 CITY- | | -ZIP | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Augusta | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | The state of the s | uige : | Addition | |
| NAME | | | | 5.2 NAME | | ADDDECO | CA STAGE IN A COUNTY BASTAGE AND APPLICATION OF A | 2.1 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | • | | | | ADDRESS | | | İ | |
| CITY-ST-ZIP | | | ☐ DELETE | 5.4 CITY- 6.1 TITLE | | - <i>L</i> IF | Ch | nge | Addition | |
| TITLE | | | iii oesere | 6.2 NAME | | | | .0- | | |
| NAME | | | | | | 1 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | ļ | |

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 anyaddress, with all other like empowered.

SIGNATURE: