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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 22 1998 8:00am Secretary of State

•	JMENT # P93000 CONSTRUCTION, INC.	0012404 (8)			140 11011 11111 11111 1111 1111 1111 11
Principal Place of Business Mailing Address					
9124 GRIFFIN ROAD 5245 SW 90TH AVE.					
COOPER CITY FL 33328 COOPER CITY FL 33328			1		
US				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2 Principal	Place of Business	2a. Mailing Address		02/10/1993 4. FEI Number	Applied For
21	, rade at Edomoto	26		65-0384918	Applied For Not Applicable
Suite, Ap	ol. #, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25 Name and Address of Curren	29	30	Personal Property Tax due June 30.	Yes No
		it Registered Agent	81 Name	10. Name and Address of New Registered	Agent
BUTLER, BRUCE S			or Name		
9709 WEST SAMPLE ROAD Cooper City FL 33365			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
U	OUPER CHT PL 33305		83		
			84 City	oval Socioss Fi	85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named co	oral Springs, Fl	of changing its registered
office of	r registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
	Signature, typed or proted name of togestered age		TE: Registered Agent signature req		
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  Change Addition
NAME	RIZZI, DANIEL		1.2 NAME		Citalife C Anothori
STREET ADDRESS	#AA A ALLE AA ALE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY - ST - ZIP		
TITLE	PD	DFLETE	2.1 TITLE		Change Addition
NAME	RIZZI, ELLEN R		2.2 NAME		
STREET ADDRESS	MARK MILLAN ALL		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		2. 4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	RIZZI, DANIEL		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		3.4. CITY-ST-ZIP		<u> </u>
TITLE		DELETE	4 1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	6		4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Change   Addition
TITLE NAME			5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>`</b>		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<del></del> 1	6.2 NAME		
STREET ADDRESS	s		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		
	continue that the information consular w	41-46-5-4-5		- Casting 110 07/0V/\ Flasida Otabida   Litaribas a	and the state of t

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.