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 # P93000012404

R.I.Z. CONSTRUCTION, INC.

Principal Place	e of Business	Mailing Address					((((((((((((((((((((*****		
9124 GRIFFIN F COOPER CITY I US		5245 SW 90TH AVE. COOPER CITY FL 33	5245 SW 90TH AVE. COOPER CITY FL 33328				T.	DO NOT W	RITE IN THIS	SPACE	
							3. Date Incorpo 02/10/199		d		
Principal Place of Business 21		2a. Mailing Address 26					4. FEI Number 65-03849	8		No	plied For t Applicable
Suite, Apt. #, etc.		Sùite, Apt. #, etc. 27			•		5. Certificate of			\$8.75 A	quired
City & State		City & State	28				6. Election Cam Trust Fund C	. •	9 🗆	\$5.00 Added t	
Zip 24	Country 25	Zip 29	30		ountry		8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No				
	9. Name and Address of Cu	irrent Registered Agent	-				10. Name and A	ddress of Nev	Registered.	Agent	
BUTLER, BRUCE S				81	Name Street		s (P.O. Box Number is Not Acceptable)				
	WEST SAMPLE ROAD AL SPGS FL 33065			83						17-21	
				84	City				FL	85 Zip (Code
office or r	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registere	itate of Florida, Such change bligations of, Section 607.050	was authorized	utes.	tne corp	oration	s board of directo	rs. I hereby acc	cept the appoi	ntment as re	gistered
12.		S AND DIRECTORS	13.				ADDITIONS/C	HANGES TO C	FFICERS AN	D DIRECTO	RS IN 12
TITLE	ST	☐ DELE			•••	F	>/D			Change	☑ Addition
NAME STREET ADDRESS	RIZZI, DANIEL 5245 SW 90 AVE		1.2 N/		ADDRESS		′				
CITY-ST-ZIP	COOPER CITY FL	,	1.4 CI				-				
TITLE	PD 🗹 DELETE			2.1 TITLE						Change	☐ Addition
NAME	Citating Education			2.2 NAME 2.3 STREET ADDRESS							
STREET ADDRESS	COOPER CITY FL	,			T-ZIP	-	-	-		-	
TITLE	V DELETE		•	3.1 TITLE						Change	☐ Addition
NAME STREET ADDRESS	Rizzi, Daniel 5245 SW 90 Ave		3.2 N		ADDRESS						
CITY-ST-ZIP	COOPER CITY FL				T-ZIP						
TITLE	OGGI EK GITT TE	☐ DELE						l		Change	☐ Addition
NAME			4. 2 N	AME							{
STREET ADDRESS			4.3 S	REET	ADDRESS	;	,			-	1
CITY-ST-ZIP			4.4 C		T-ZIP	ļ	- -			☐ Change	Addition (
TITLE		☐ DELE	5.1 TI 5.2 N							□ change	
NAME		4 9			ADDRESS						
STREET ADDRESS			5.4 C			-					
CITY-ST-ZIP		☐ DELI				 				Change	Addition
NAME			6.2 N	ME							ļ
STREET ADDRESS			6.3 S	REET	TADDRESS	:					

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90117 001 ***150.00