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PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

02-25-1999 90011 041 ***158.75

| DOCU | MENT # P93000 | 013624 | | | | | |
|---|--|--|--|---|---|---|-------------------------------------|
| I. Corporation | ii Name | | | | | | |
| MEYERS | CONSTRUCTION AND RE | AL ESTATE INC. | | | 4 10011001 III INIX IIII 84II 95II 86III | | riðir bröt röðt |
| | | | | | | | |
| Principal Place | e of Rusiness | Mailing Address | | | T INDIINOR IND (DIOD HILL CORF) OBINE FOREI | BIRI IIDOK İNED DINE | |
| • | A RATON BLVD 206 | 2061 NW BOCA RATON BLV | D | | | | |
| STE 206 SUITE 206 | | | - | | | | |
| BOCA RATON FL 33433 BOCA RATON FL 33433 US | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | |
| US | | 08 | | | 02/24/1993 | | , |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | / Ap | plied For |
| 21 | indicate of Business | 26 | | | 65-0393863 | / —— | t Applicable |
| Suite, Apt. | , etc. | Suite, Apt. # etc/1 | | _ | 5. Certificate of Status Desired | \$8.75 | |
| $\frac{1}{22}$ | | | 5. Certificate of Status Desired | | Fee Re | quired | |
| City & State City & State 28 | | \vdash | re | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip Country Zip | | Zip | Country | | 8. This corporation owes the current year Intangible | | |
| 24 334 | 25 | | 0 | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curre | nt Registered Agent | 81 | T Ni | 10. Name and Address of New Register | red Agent | |
| MEY | 'ers, russell | | *' | Name | | | |
| | NW BOCA RATON BLVD | | 82 Street Addre | | ess (P.O. Box Number is Not Acceptable) | | . |
| | TE 206 | | 83 | | | | _ |
| | A RATON FL 33433 | | | | | | |
| | | | 84 | City | | FL 85 Zip (| Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statutes | , the above | e-named corp | oration submits this statement for the numos | e of changing its | registered |
| | the State | | | | | opointment as rei | |
| office or re | egistered agent, or both, in the State im familiar with, and accept the obliga | or Florida. Such change was audations of, Section 607,0505, Florid | la Statutes | the corporation | on's board of directors. I hereby accept the a | , , , , , , , , , , , , , , , , , , , | giotaraa |
| agent. I a | egistered agent, or both, in the State im familiar with, and accept the obliga | ations of, Section 607.0505, Flore | ia Statutes | the corporations. | | | |
| office or re agent. I a | m familiar with, and accept the obligation of th | ant and title if applicable. (NOTE: R | egistered Ager | the corporations. | d when reinstating) . DAT | E | |
| agent. I a | m familiar with, and accept the obligation of registered age OFFICERS AI | ations of, Section 607.0505, Floric ant and title if applicable. (NOTE: R ND DIRECTORS | egistered Agei | the corporations. | | E | |
| agent. I all SIGNATURE 12. TITLE | m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with and of familiar with a second of famili | ant and title if applicable. (NOTE: R | egistered Agei 13. 1.1 TITLE | the corporations. | d when reinstating) . DAT | E S AND DIRECTO | RS IN 12 |
| agent. I as SIGNATURE 12. TITLE NAME | m familiar with, and accept the obligation of familiar with a second or familiar wit | ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R | egistered Agei 13. 1.1 TITLE 1.2 NAME | the corporations. | d when reinstating) . DAT | E S AND DIRECTO | RS IN 12 |
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| agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | im familiar with, and accept the obligation of registered age OFFICERS AT PVTS MEYERS, RUSSELL 2061 NW BOCA RATON BLVD | ations of, Section 607.0505, Floric ant and title if applicable. (NOTE: R ND DIRECTORS DELETE D SUITE 206 | egistered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S | the corporations. Int signature requires | d when reinstating) . DAT | S AND DIRECTO | RS IN 12 |
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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.

SIGNATURE:

561-347-8906