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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000022166 (1)

MAHOGANY ENGINEERING & CONSTRUCTION, INC. Principal Place of Business Mailing Address 13680 NW 19TH AVE. 3600 S STATE RD #7 SUITE 46 OPA LOCKA FL 33054 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3391 N.W. 151 5 Terr 3391 N.W. 151 55 Text 65-0396815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Ш Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible " 330*54* Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent , Name and Address of Current Registered Agent 81 FLETCHER, EDWIN 15760 SURREY CIR. Street Address (P.O. Box Number is Not Acceptable) 82 **DAVIE FL 33331** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE FLETCHER, EDWIN R. NAME 1.2 NAME 15760 SURREY CIR STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE **JENKINS, CEDRIC O** NAME **2.2 NAME \$9**00 NW 45TH WAY STREET ADDRESS 2.3 STREET ADDRESS LAUDERDALE LAKES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAM8 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 THLE

6.2 NAME

DELETE

305

Change

Addition

FILED

May 18 1998 8:00am

Secretary of State