FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90256 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040686

1. Corporation Name
SECANT CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
C/O MITCHELL T. MCRAE P.A. 2255 GLADES ROAD SUITE 405 EAST BOCA RATON FL 33431	C/O MITCHELL T. MCRAE P.A. 2255 GLADES ROAD SUITE 405 EAST BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/08/1993	
21 C/O Mitchell McRae	26 C/O Mitchell McRae	4. FEI Number: NOT APPLICABLE	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 23003 South State Rd. 7	27 23003 South State Rd. 7	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State	City & State		
23 Boca Raton, FL	28 Boca Raton, FL		
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
24 33428 25 USA	29 33428 30 USA		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCH MCRAE E 2255 GLADES ROAD SUITE 405 BOCA RATON FL 33431 West Boca Plaza 23003 South State Rd.7 Boca Raton, FL 33428	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): West Boca Plaza 83 23003 South State Rd. 7 84 City: Boca Raton, FL 85 Zip Code: 33428

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHIFF, JERRY SUITE 405 EAST, 2255 GLADES ROAD BOCA RATON FL 33431 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALANDRIELLO, FRANK SUITE 405 EAST, 2255 GLADES ROAD BOCA RATON FL 33431 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ April 9, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #