## 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 # P93000071825

IVORY CONSTRUCTION MAN	AGEMENT COMPANY			
Principal Place of Business	Mailing Address			
7742 NW 193 TERR MIAMI FL ##) % US	7742 NW 193 TERR MIAMI FL 33015 US			
<u> </u>				
2. Principal Place of Business	2a. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27			

**FILED** Jan 27, 1999 8:00am **Secretary of State** 

01-27-1999 90060 025 \*\*\*150.00

1. Corporation IVORY CO	Name ONSTRUCTION MANAG		` <u> </u>					
Principal Place	of Business	Mailing Address		•			,	
7742 NW 193 TE		7742 NW 193 TE						
MIAMI FL ##) 9	6	MIAMI FL 33015 US			•	DO NOT WRITE IN	THIS SPACE	
JS						3. Date Incorporated or Qualifed 10/11/1993		
		2a. Mailing Add	leace.			4. FEI Number	App	lied For
2. Principal Pla	ace of Business	<b>⊢</b> ¬	iress			65-0435351	Not	Applicable
Suite, Apt. #	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Ac Fee Red	
2		27		<del></del> -		a Starting Comparing Financing	\$5.00 ١	May Be
City & State	3	City & State	е			6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	-	Country		8. This corporation owes the current ye	ar Intangible	□No
24	25	29	30	)		Personal Property Tax.		LJNU
	9. Name and Address of Co	urrent Registered Agent	t	-	News	10. Name and Address of New Regist	resan videsir	
		e e di		81	Name		·	
	y, Willie NW 193 Terr		• *	82	Street Add	iress (P.O. Box Number is Not Acceptable)	. • • <u></u>	k
	AI FL 33015	. :		83				
				84			FL 85 Zip C	1
SIGNATURE	Heliex	us willie	- r. 1100	vicy		poration submits this statement for the purporation's board of directors. I hereby accept the	KTE ! !	
SIGNATURE	Signature, typed or ppinted name of register	gent and title if applicable.  RE AND DIRECTORS	(NOTE: Re	egistered Age		red when reinstating) DI ADDITIONS/CHANGES TO OFFICE	KTE ! !	
SIGNATURE	Signature, typed of putted name of register  OFFICER	gent and title if applicable.  RE AND DIRECTORS	- r. 1100	egistered Age 13. 1,1 TITLE		red when reinstating)	RS AND DIRECTO	RS IN 12
SIGNATURE	Storature, typed of purited name of register  OFFICER  IVORY, WILLIE	gent and title if applicable.  RE AND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature requii	red when reinstating)	RS AND DIRECTO	RS IN 12
SIGNATURE 12.	Stylature, typed of printed name of register  OFFICE  D  IVORY, WILLIE  7742 NW 193 TERR	gent and title if applicable.  RE AND DIRECTORS	(NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requii	red when reinstating)	RS AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Storature, typed of purited name of register  OFFICER  IVORY, WILLIE	gent and title if applicable.  AND DIRECTORS	(NOTE: RI	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature requii	red when reinstating)	RS AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	Stylature, typed of printed name of register  OFFICE  D  IVORY, WILLIE  7742 NW 193 TERR	gent and title if applicable.  AND DIRECTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature requi	red when reinstating)	RS AND DIRECTO	DRS IN 12 ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D IVORY, WILLIE 7742 NW 193 TERR MIAMI FL	gent and title if applicable.  AND DIRECTORS	(NOTE: RI	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature requi	red when reinstating)	RS AND DIRECTO	DRS IN 12 ☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D IVORY, WILLIE 7742 NW 193 TERR MIAMI FL	gent and title if applicable.  AND DIRECTORS	(NOTE: RI	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature requi	red when reinstating)	RS AND DIRECTO Change	Addition
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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.