May 07, 1999 8:00 am Secretary of State

05-07-1999 90074 004 \*\*\*150.00

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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000082094

Principal Place of Business

CONSTRUCTION TEAM MANAGEMENT, INC.

8584 WOODBRI SARASOTA FL		8584 WOODBRIAR DR SARASOTA FL 34238			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 11/22/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		oplied For	
11	·	26			65-0449304		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired   \$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip 29 30	Country		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No	
	9. Name and Address of Curr				10. Name and Address of New Registered	Agent		
	J. 144		81	Name				
FAST, BRUCE 8584 WOODBRIAR DR			82	Street Ad	treet Address (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34238		83					
			84	Ola :		85 Zip	Code	
			84	City	FL	_   03  21	Joac	
SIGNATURE	n familiar with, and accept the obti	gations of, Section 607.0505, Florida  gent and title if applicable. (NOTE: Regi			uired when reinstaling) DATE	· 		
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	FAST, BRUCE		1.2 NAME					
STREET ADDRESS	8584 WOODBRIAR DR		1.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34238		1.4 CITY-S	T-ZIP				
TITLE	D DELETE 2.1		2.1 TITLE			Change	☐ Addition	
NAME	FAST, SUSAN		2.2 NAME				}	
STREET ADDRESS	8584 WOODBRIAR DR		2.3 STREE	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34238		2. 4 CITY-5	T-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			Change	L Addition	
NAME			3.2 NAME				ĺ	
STREET ADDRESS		į	3.3 STREE	1			ļ	
CITY-ST-ZIP		D DELETE	3.4. CITY- S	T-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	4.1 TITLE					
NAME		The state of the s	4.2 NAME 4.3 STREE	T ADDDCCC			ļ	
STREET ADDRESS								
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CiTY-S 5.1 TITLE	1-Zir		☐ Change	☐ Addition	
NAME			52 NAME			_ •		
STREET ADDRESS		ļ	5.3 STREE	ADDRESS				
		i	5.4 CITY-S	<b>\</b>				
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE	<del>"</del>		☐ Change	Addition	
NAME		_ ·	6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

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.