

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90100 019 ***150.00

DOCUMENT # P93000082309

1. Corporation Name

PRECAST STRUCTURES INT'L., INC.

Principal Place of Business

2701 E. SUNRISE BLVD.
SUITE 109
FORT LAUDERDALE FL 33304

Mailing Address

2701 E. SUNRISE BLVD.
SUITE 109
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

4. FEI Number

65-0461924

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 218 Commercial Blvd.

26 218 Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201 I

27 # 201 I

City & State

City & State

23 Lauderdale By The Sea, FL Lauderdale By The Sea

Zip

Country

Zip

Country

24 33308 25 Broward

29 33308 30 Broward

9. Name and Address of Current Registered Agent

BISHOP, ROBERT J
2119 N.E. 11 AVENUE
WILTON MANORS, FL 33305

10. Name and Address of New Registered Agent

81 Name

BISHOP, ROBERT J.

82 Street Address (P.O. Box Number is Not Acceptable)

4619 POINCIANA ST. #2

83

84 City

Lauderdale By The Sea FL

85 Zip Code

33308

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SHAW, M. JAMES
STREET ADDRESS 2151 N.E. 51 COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME BISHOP, ROBERT J
STREET ADDRESS 2119 N.E. 11 AVENUE
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE ☐ DELETE

NAME ELLIS, WILLIAM S
STREET ADDRESS 3050 N.E. 47 COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME BLAKSLEY, HAROLD E.
STREET ADDRESS 2756 N.E. 35TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME BOBBITT, E.I.
STREET ADDRESS 3117 S. CASPER PL
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, 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:

M. JAMES SHAW, M. James Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/99

Daytime Phone #

954-202-7799

CR2E034 (11/98)

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