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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

SIGNATURE?



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 10 1998 8:00am

Secretary of State

4246179

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P93000084633 (5)

3-D CONSTRUCTION INC. OF MARGATE

Principal Place of Business Mailing Address P.O. BOX 822004 P.O. BOX 822004 SOUTH FLORIDA FL 33082-2004 SOUTH FLORIDA FL 33082-2004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0432987 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 9 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THOMPSON, JAMES A 14100 SW 37TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33330 83 84 City 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 posted came of nigotered up of and title if apole of le-(NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TIELE SKALSKY, DOUGLAS 1.2 NAME NAME 7800 N W 18TH STREET #202 STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE THOMPSON, JAMES A NAME 2.2 NAME 14100 SW 37TH CT STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 33330 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREFT ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET AODRESS 64 CITY-ST-ZIP 14. Thereby 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 suppliemental 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