SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address 9921 NW 60TH PLACE

PARKLAND FL 33076

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

9921 NW 60TH PLACE

PARKLAND FL 33076



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000021862

CONSTRUCTION MANAGEMENT ASSOCIATES GROUP, INC.

| US | | US | | | | DO NOT WRITE IN THIS | OI AGE | | |
|---|---|--|--|--|---|---|-------------------------|----------------------------|--|
| | | | | | | 3. Date Incorporated or Qualified | | | i |
| j | | | | | | 03/22/1994 | | | |
| 2. Principal F | Place of Business | 2a. Mailing Addre | ess | | | 4. FEI Number | | Applied F | or |
| 21 | | 26 | 26 | | | 65-0476457 | 1 | Not Appli | cable |
| Suite Ant | . #, etc. | Suite, Apt. #, | , etc. | | | 5. Certificate of Status Desired | \$8.7 | 5 Addition | nal |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee | Required | |
| City & Sta | te | City & State | | | | 6. Election Campaign Financing | \$5.6 | 00 May B | e |
| 23 | | 28 | | | | Trust Fund Contribution | Add | ed to Fees | |
| Zip | Country | Zip | | Country | • | 8. This corporation owes the current year | _ | | ţ |
| 24 | 25 | 29 | 30 | | | Intangible Personal Property. | Yes | No | |
| | 9. Name and Address of | Current Registered Agent | | | | 10. Name and Address of New Registered | Agent | | |
| | | | | 81 | Name | | | | |
| 1 | SCOLARO, ROBERT A. | | | | Street Add | iress (P.O. Box Number is Not Acceptable) | | | |
| 9921 NW 60TH PLACE | | | | | | | | | |
| PAR | KLAND FL 33076 | | | 83 | | | | | 1 |
| | | | | | 0" | | 85 2 | zip Code | |
| } | | | | 84 | City | FL | . 65 4 | zip code | |
| | | | | | | | | | |
| 11. Pursuar | nt to the provisions of sections 6 | 07.0502 and 607.1508. Florid | da Statutes, the | above- | named corpo | oration submits this statement for the purpose of ch | nanging it | s registere | <u> </u> |
| ! office or | registered agent or both in th | e State of Florida. Such chan | nae was author | nzed by | the corporati | oration submits this statement for the purpose of chition's board of directors. I hereby accept the appoin | nanging it intment a | s registere s registere | 4 |
| office or agent. I | registered agent, or both, in the am familiar with, and accept the | e State of Florida. Such chan | nae was author | nzed by | the corporati | oration submits this statement for the purpose of chation's board of directors. I hereby accept the appoi | nanging it intment a | s registere s registere | |
| ! office or | registered agent, or both, in the am familiar with, and accept the | e State of Florida. Such chan e obligations of, section 607. | nge was author .0505, Florida S | nzed by Statutes | the corporati | oration submits this statement for the purpose of chition's board of directors. I hereby accept the appoint | nanging it intment a | s registere s registere | - |
| office or agent. I | registered agent, or both, in th am familiar with, and accept th Signature, typed or printed name of regis | e State of Florida. Such chan e obligations of, section 607. | nge was author .0505, Florida \$ (NOTE: Re | nzed by Statutes | the corporati | tion's board of directors, i neredy accept the appor | пинент а | s registere | - |
| office or agent. I SIGNATURE | registered agent, or both, in th am familiar with, and accept th Signature, typed or printed name of regis | te State of Florida. Such chan be obligations of, section 607. Stered agent and title if applicable. ERS AND DIRECTORS | nge was author .0505, Florida \$ (NOTE: Re | nzed by Statutes | the corporati | rquired when reinstating) | пинент а | TORS IN | - |
| office or agent. I SIGNATURE | registered agent, or both, in the arm familiar with, and accept the Signature, typed or printed name of regis OFFICE | te State of Florida. Such chan be obligations of, section 607. Stered agent and title if applicable. ERS AND DIRECTORS | (NOTE: Re | nzed by Statutes egistered A 13. | the corporati | rquired when reinstating) | ND DIREC | TORS IN | - |
| office or agent. I SIGNATURE 12. TITLE NAME | registered agent, or both, in tham familiar with, and accept th Signature, typed or printed name of regis OFFICE P SCOLARO, ROBERT A | te State of Florida. Such chan be obligations of, section 607. tered agent and title of applicable. ERS AND DIRECTORS | (NOTE: Re | nzed by Statutes egistered A 13. .1 TITLE .2 NAME | the corporati | rquired when reinstating) | ND DIREC | TORS IN | - |
| office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS | P SCOLARO, ROBERT A 9921 NORTHWEST 60 PL | te State of Florida. Such chan be obligations of, section 607. tered agent and title of applicable. ERS AND DIRECTORS | OSOS, Florida S (NOTE: Re ELETE 1. | nzed by Statutes egistered A 13. .1 TITLE .2 NAME | the corporati | rquired when reinstating) | ND DIREC | TORS IN | 12 |
| office or agent. I SIGNATURE 12. TITLE NAME | registered agent, or both, in tham familiar with, and accept th Signature, typed or printed name of regis OFFICE P SCOLARO, ROBERT A | te State of Florida. Such chan te obligations of, section 607. Thered agent and title if applicable. ERS AND DIRECTORS DE | ge was author .0505, Florida \$ (NOTE: Re ELETE 1. 1. | Statutes egistered A 13. 1 TITLE 2 NAME 3 STREET | the corporati | rquired when reinstating) | ND DIREC | CTORS IN | - |
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| office or agent. I SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME | registered agent, or both, in the am familiar with, and accept the Signature, typed or printed name of regis OFFICE P SCOLARO, ROBERT A 9921 NORTHWEST 60 PL PARKLAND FL 33076 | Le State of Florida. Such chan the obligations of, section 607. Lered agent and title of applicable. ERS AND DIRECTORS DE | (NOTE: Ro (NOTE: | pistered A 13. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 2 NAME 3 STREET 4 CITY-ST 4 CITY-ST 4 TITLE | the corporations. S. Agent signature required and the signature required | rquired when reinstating) | ND DIREC | CTORS IN ge A | 12 Cook of the coo |
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5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

DELETE

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.

Change Addition

FILED Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90011 028 ***550.00