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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000078834 (6) DOCUMENT #

J.G.C. DESIGN OF FLORIDA CONSTRUCTION, INC.

Principal Place of Business Mailing Address 409 NW 10TH TER **409 NW 10TH TER** HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0529193 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes ☐ No 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHEVLIN, SANFORD Z ESQ 1008 W. HALLAMALL. BEACH BL. V. 4037 E 10TH LANE Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 HALLANDALP, FC 33009 City Zip Code 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE ☐ Change ☒ Addition TITLE XX DELETE HOMAS CARTWRIGHT CARTWRIGHT, CHRISTOPHER MANE 1.2 NAME 409 NW 10TH TERRACE STREET ADORESS 1.3 STREET ADDRESS HALLANDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE ☐ Change 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Addition MF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ITY-ST-ZIP 3.4. CfTY-ST-ZIP TITLE ☐ DELET**E** 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME

6.2 NAME

🖦 an address.

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

FILED

Apr 15 1998 8:00am

Secretary of State