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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # POACOCORS132

1. Corporation	Name 7 F 34000	000102			1		
•	RINE CONSTRUCTION, INC.						
DOA MINE	THE CONSTRUCTION, INC.				I FREZIDAT III SOSH DIRIC BRIIL BRIIL BRIIL BRIIL	91 IBIOA SIISI 11988 /	
					<u> </u>	<u> </u>	
Principal Place of Business Mailing Address							
4737 NW 22ND ST 4737 NW 22ND ST							
COCONUT CREEK FL 33063 COCONUT CREEK FL 33063					DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualified	.3 3FACE	
	•	٠.			-		
					11/15/1994 4. FEI Number		<u> </u>
2. Principal Pi	lace of Business	2a. Mailing Address			1	\ - • •	lied For
21	<u> </u>	26			65-0539466		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Ac		
22		27				 	
City & State		City & State	¬ ′		6. Election Campaign Financing	\$5:00	
23		[28]			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		¬
24	25	29 3	0		Personal Property Tax.		□No
<u></u> .	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
FRIF	D1444 1450		81	Name			
FRIEDMAN, MARC			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
4737 NW 22ND ST							
COC	ONUT CREEK FL 33063		83				
		• •	84	City		. 85 Zip C	ode
	•		04	City	F	L	000
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	, the above	e-named corpo	oration submits this statement for the purpose	of changing its r	egistered
	egistered agent, or both, in the State m familiar with, and accept the obliga				on's board of directors. I hereby accept the app	ointment as reg	istered
i	m lamilial with, and accept the obliga	ions of Section 607.5505, Fibrid	a Olaidico	•			
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Ro	egistered Agen	t signature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	DP ·	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	VOLLMAN, ROBERT J		1.2 NAME				
STREET ADDRESS	4737 NW 22ND ST		1.3 STREET ADDRESS				
	COCONUT CREEK FL 33063		1.4 CITY-S				
- CITY-ST-ZIP TITLE	VST	☐ DELETE	2.1 TITLE		-	☐ Change	Addition
	_		2.2 NAME			_	
NAME	VOLLMAN, ROBERT J		•				
STREET ADDRESS	4737 NW 22ND ST		2.3 STREET				
CITY-ST-ZIP-	-COCONUT-CREEK FL-33063	□ DELETE		T-ZIP	The state of the s	Change	Addition
TITLE			3.1 TITLE			LJ Ondrigo	
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			A 21 - 122 - 1
TITLE	· ·	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME	·		4. 2 NAME				
STREET ADDRESS	,		4.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		-	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		•	5.4 CITY-S	T-ZIP			
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				j
STREET ADDRESS		6.3 STREET	ADDRESS			1	
STREET ADDRESS	I			1			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90104 020 ***150.00