Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90153 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500007298

1. Corporation Name

SOUTH	FLORIDA BUILDING PRODU	JCTS, INC.							
Principal Place	o of Rusiness	Mailing Address				\neg	i faatzent sin inint altst anert antst ave	it 60liy 08lili 180la 1901	
Thiolpair labor of Buomood									
8491 N.W. 17TH ST. 8491 N.W. 17TH ST. SUITE 101						1	•		
MIAMI FL 33126 MIAMI FL 33126							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							01/27/1995		
2. Principal Pl	lace of Business	2a. Mailing Addr	ess				4. FEI Number		pplied For
21		26				65-0552231	Not Applicable		
	#,.etc	Suite, Apt. #, etc.					5. Certificate of Status Desired		:Additional:
22		27				J. Cortificate of Citation Desired	Fee F	Required	
City & State	9	City & State				6. Election Campaign Financing	•	May Be	
23		28				Trust Fund Contribution	Added	I to Fees	
Zip	Country	Zip	Co	untry			8. This corporation owes the current y		_
24	25	29	30				Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent		Ι.			10. Name and Address of New Regis	tered Agent	
				81	Name			Ť	
ROS	enberg, donald s			82	Street A	Δddres	s (P.O. Box Number is Not Acceptable)		
ONE S.E. 3RD AVE.				62 Street Address (P.O. Box Mullipor is Not Neceptable)					
SUITE 2600									
MIAMI FL 33131								Tag Zin	Codo
				84	City			FL- 85 Zip	Code
	to the provisions of seating our seguistered agent, or both, in the State m familiar with, and accept the obligations of seating seguing the seating of seguitary, typed or printed name of registered age	tions of, Section 607.0		itutes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ATE	
12.		ID DIRECTORS	13				ADDITIONS/CHANGES TO OFFICE		
TITLE	PD	D	☐ DELETE 1.1		1.1 TITLE			Change	Addition
NAME	CHASE, CLARENCE G		1.2 !	NAME					
STREET ADDRESS	8491 N.W. 17TH ST., SUITE 10	a 1	1.3 5	STREET	ADDRESS				
	MIAMI FL 33126	•	1.4 0	CITY-ST	r-ZIP				
CITY-ST-ZIP TITLE	VD	D		TITLE		VD	; ST	Change	Addition
	JOHNS, STEVEN L		2.21	NAME					1
NAME	~8491:N.W.~17TH ST., SUITE 10	31	235	STREET	ADDRESS	844	ns, steven L. 11 N.W. 17 st. #101		
STREET ADDRESS	1	11	~~~ 1 ~	CITY-S			Ami FL 33126-	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	MIAMI FL 33126 ST	S C 0		TITLE		. 111	The state of the s	☐ Change	Addition
				NAME					
NAME	BENDLER, DELL L	04			ADDRESS				
STREET ADDRESS	8491 N.W. 17TH ST., SUITE 10	JI			- 1				İ
CITY-ST-ZIP	MIAMI FL 33126			CITY-S	11-2119			Change	Addition
TITLE		, , ,							
NAME				NAME					
STREET ADDRESS					ADDRESS				ł
CITY-ST-ZIP				CITY-S	T-ZIP			Change	Addition
TITLE				TITLE				Griange	
NAME				NAME				•	İ
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				Addition
TITLE		□ D	ELETE 6.1	TITLE				Change	Addition

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 without addless, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR