Applied For

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042807

"DREAMS END" CONSTRUCTION, INC.

Principal Place of Business
2763 FARINGDON DR. TALLAHASSEE FL 32303

2. Principal Place of Business

Maifing Address

2763 FARINGDON DR. TALLAHASSEE FL 32303

2a. Mailing Address

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90061 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/02/1995

4. FEI Number

21		26					59-3316836		Not	Applicable
Suite, Apt.	#, etc.	<u></u>	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Red	
22 City 9 Ct-1		27	City & State				C. Flanting Compaign Financian			
City & State	e		City & State			- 1	Election Campaign Financing Trust Fund Contribution		\$5.00 t Added to	
23 Zin	Country	28	Zip	Country	,		8. This corporation owes the current	at year Inte		7,000
Zip	<u></u>	29	30	¬ -			Personal Property Tax.	it year inte		□No I
24	9. Name and Address of Current	1		<u>'l</u>			10. Name and Address of New Re	gistered A		
	3. Name and Address of Current	reg.	otorou rigorit	81	Name			<u> </u>	.Y	
TROTTA, JOSEPH										
2763 FARINGDON DR.					Street A	Addres	ss (P.O. Box Number is Not Acceptab	1e)		ì
TALLAHASSEE FL 32303										_
				84	City			FL	85 Zip C	code
44 0	to the provisions of Sections 607.0502	and 6	207 1509 Elorida Statutas	the abov	e-named r	cornor	ration submits this statement for the n		hanging its i	registered
office or re	egistered agent, or both, in the State of	Flori	da. Such change was auth	iorized by	the corpo	ration	's board of directors. I hereby accept	the appoin	tment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of	f, Section 607.0505, Florida	a Statutes	i.					
SIGNATURE		. 1.492	Water Co.	austared A	at sisset se	autimet :	when reinstating)	DATE		\
12.	Signature, typed or printed name of registered agent a OFFICERS AND			13.	nt signature re	эфияно м	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	P	DIIX	□ DELETE	1.1 TITLE			7,00,110,10,10,10,10,10,10		Change	Addition
NAME	TROTTA, JOSEPH			12 NAME					-	
	2763 FARINGTON DR.				TADDRESS					
STREET ADDRESS	TALLAHASSEE FL 32303				ĺ					
CITY-ST-ZIP	TALLAHASSEE PL 32303		☐ DELETE	1.4 CITY-S 2.1 TITLE	1-219		<u> </u>		Change	☐ Addition
TITLE			□ occure	2.2 NAME			•			
NAME					T 40000000					}
STREET ADDRESS				Į.	TADDRESS					
CITY-ST-ZIP				2.4 CITY-5 3.1 TITLE	ST-ZIP				Change	Addition
TITLE										
NAME (3.2 NAME						l
STREET ADDRESS					TADORESS					
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP	_			☐ Change	Addition
TITLE			☐ DELETE	4.1 TITLE					□ ⇔iange	
NAME				4 2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				☐ Change	☐ Addition
TITLE			☐ DELETE	5.1 TITLE					☐ change	☐ Audition
NAME				5.2 NAME						
STREET ADDRESS					TADDRESS					
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					The states
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				62 NAME	l					
STREET ADDRESS				6.3 STREE	TADDRESS					İ
CITY- ST-ZIP				6.4 CITY+S	T-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 Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAM NG OFFICER OR DIRECTOR