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 # P95000051571

1. Corporation Name

LOBBAN CONSTRUCTION INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90120 046 ***150.00



Principal Place	e of Business		Mailing	g Address											
	STRIP STE 318		10121 SUNSET STRIP STE 318												
Sunrise FL 33	322	SUNRISE FL 33322						-	DO NOT WRITE IN THIS SPACE						
								3. Da	te Incor	porated or 0					
									/03/19		• -				
2. Principal P	lace of Business		2a. Ma	ailing Address					I Ni mbe					Apı	lied For
24	1000 01 5001000		26	g :				65	-0593	810				Not	Applicable
Suite, Apt.	#, etc.			ite, Apt. #, etc.									\$8.	75 A	Iditional
22	•		27					5. Ce	rutc ite i	of Status Do	esitea		F	ee Re	uìred
City & State	e		+	ty & State				6. Ele	ection C	ampaign Fi	nancing		\$5	.00	May Be
23			28					Tru	ist Fund	Contribution	on		Ad	dded to	Fees
Zip	Cour	try	Zip)	Co	untry		8. Th	is corpo	ration owes	the curr	ent year in	ntangible		
24	25		29		30					roperty Tax			☐ Ye	S	No
	9. Name and Add	ress of Current I	Registere	ed Agent		ļ		10. Na	me and	Address	of New F	egistered	Agent		
		•				81	Name								
LOBBAN, BARRINGTON G						82	Street A	Ac dress (P.O.	Box Nu	mber is No	t Accepta	ible)			
10430 NW 21 CT												·			
SUN	RISE FL 33322					83									
						84	City			_			85	Zip C	ode
							-					FL	_		
office crra agent. ⊢a	to the provisions of Se egistered agent, or bo m familiar with, and ac	h in the State of	Florida, S	Such change was :	authorize	đ by	the corpor	ration's board	of clired	tors. I here	by accep	it the appo	ointment	as reç	j stered
SIGNATURE	Signature, typed or printed na	ne of registered agent a	nd title if app	licable (NOT	Registere	d Ager	t signature re	quired when reinst	ating)			DATE			
12.		OFFICERS AND			13			ADD	DITIONS	CHANGES	S TO OF	FICERS	ND DIR	ECTO	S IN 12
TITLE	PST			☐ DELETE	1.1 7	TLE				_			Ch	ange	☐ Addition
NAME	LOBBAN, BARRIN	GTON			1.2	IAME									
STREET ADDRE 3S	10430 NW 21 CT				1.3 5	TREE	ADDRESS								
CITY-ST-ZIP	SUNRISE FL				1.4 0	ITY-S	T-ZIP								
TITLÉ				☐ DELETE	2.1 1	TTLE							Ch	ange	☐ Addition
NAME					2.21	IAME	}								
STREET ADDRESS	:				2.3 5	TREE	ADDRESS								
CITY-ST-ZIP					2. 4	CITY-S	T-ZIP								
TITLE				☐ DELETE	3.1 1	ITLE							CH	ange	☐ Addition
NAME					3.21	AME									
STREET ADDRESS					335	TREE	ADDRESS								
CITY-ST-ZIP					3.4.	CITY-S	T-ZIP								
TITLE				☐ DELETE	4.13	TTLE							□Ch	ange	☐ Addition
NAME					4.2	NAME									
STREET ADDRE 3S					435	TREE	TADDRESS								
CITY-ST-ZIP					4.4 (CITY-S	T-ZIP								
TITLE				☐ DELETE	5.1	ITLE							☐ Ch	ange	☐ Addition
NAME					5.21	AME									
STREET ADDRE 3S					5.3 \$	TREE	FADDRESS								
CITY-ST-ZIP					5.4 (CITY-S	T-ZIP								
TITLE				☐ DELETE	6.1	TITLE	$\overline{}$						☐ Ch	ange	Addition
NAME					6.21	NAME									
STREET ADDRESS					633	TREE	FADDRESS								
0.774.07.770	1				6.43	CITY-S	T-71P								

14. I hereby certify that the informat on 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 corpora jon or the receiver or trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attackment with an address, with all other like empowered.

SIGNATURE: