

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90046 035 ***150.00

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DOCUMENT # P95000053479

1. Corporation Name

PAZ BUILDERS INC.

Principal Place of Business

8451 S.E. QUAIL RIDGE WAY
HOBE SOUND FL 33455
US

Mailing Address

8451 S.E. QUAIL RIDGE WAY
HOBE SOUND FL 33455
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1995

4. FEI Number

65-0591861 -

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing - ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14301 Paradise Point Rd.

Suite, Apt. #, etc.

22

City & State
Palm Beach Gardens, FL.

Zip

24 33410

Country

25 US

2a. Mailing Address

26 P.O. Box 7844

Suite, Apt. #, etc.

27

City & State
JUPITER, FLORIDA

Zip

29 33468-7844

Country

30 US

9. Name and Address of Current Registered Agent

ZECCA, PETER A
8451 S.E. QUAIL RIDGE WAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name ZECCA, PETER A.
82 Street Address (P.O. Box Number Not Acceptable)
14301 PARADISE POINT RD.
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

11. 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)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PVST
NAME ZECCA, PETER A
STREET ADDRESS 8451 S.E. QUAIL RIDGE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ DELETE

NAME ZECCA, PETER A
STREET ADDRESS 8451 S.E. QUAIL RIDGE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE PVST
1.2 NAME ZECCA, PETER A.
1.3 STREET ADDRESS 14301 Paradise Point Rd.
1.4 CITY-ST-ZIP Palm Beach Gardens, FL, 33410

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99

561-373-7598

CR2E034 (1/198)