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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000056755 (8) **DOCUMENT #**

PRETI CONSTRUCTION, INC.

Principal Place of Business

7004 GEMINATA OAK CT

Mailing Address

7004 GEMINATA OAK CT

FILED May 07 1998 8:00am Secretary of State



PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1995 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 752 Isis ~A7 752 IBis hay 65-0593876 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 N. PALM BCH City & State Fee Required City & State Election Campaign Financing \$5.00 May Be h N. 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 29 3 7408 WS A 24 33408 USA 25 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PRETI. ED L 7004 GEMINATA OAK CT 62 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 83 City Zip Code 11. Pursuant to the provisions of Sections 607 0002 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. Lam familiar with, and adopt the objections of fields 607.0505, Florida Statutes. Registered Agent signature 12. FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DELETE 11 TITLE Change Addition TITLE PRETLED L PRETI, ED L NAME 1.2 NAME 7004 GEMINATA OAK CT 752 IBB WA7 STREET ADORESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 3340B CITY-ST-ZIP 1.4 CITY-ST-ZIP DELE1E Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 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 my stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in