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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059518 1. Corporation Name

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90087 013 ***150.00

HAYEK (CONSTRUC	CTION CORP.								TO 1861
Principal Place	e of Business		Mailing Address					H WILLS ROLD 0	31 0 1 4 100	W11 1881
656 S.W. 14TH	STREET	656 S.W. 14TH STREET								
BOCA RATON FL 33486		BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed			
							07/31/1995			ļ
2. Principal P	lace of Busine	ss 2a. Mailing Address				4. FEI Number Applied For			For	
21		26			65-0598021	Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State			6, Election Campaign Financing S5.00 May Be					
23		28				Trust Fund Contribution Added to Fees				
Zip		Country					8. This corporation owes the current year li	ntangible		
24	2	5	29	30			Personal Property Tax.	Yes	N	0
	9. Name a	nd Address of Currer	it Registered Agent				10. Name and Address of New Registered	d Agent		
			The state of the s		81	Name				
HAY	ek, Charle S.W. 14th (S C T			82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
	A RATON FI				83				7. 183	1377 131
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					84	City		85 1 Z	ip Code	
44 Purcuant	to the provisio	ns of Sections 607 050	2 and 607.1508. Florida Statu	tes, the a	bove	-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing	its regis	tered
							on's board of directors. I hereby accept the app	ointment as	registe	red
agent. I a	m familiar with	, and accept the obliga	itions of, Section 607.0505, Flo	Jilda Slati	utes.	•				1
SIGNATURE	Signature, typed or	printed name of registered age	nt and title if applicable. (NOT	E. Registered	1 Agent	t signature required	d when reinstating) DATE			_]
12.			ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	D		☐ DELETE	1.1 TT	TLE			Chan	ge 🗆	Addition
NAME	HAYEK, CI	HARLES C		1.2 N	AME					
STREET ADDRESS 656 S.W.					TREET	ADDRESS				
CITY-ST-ZIP	BOCA RAT	ON FL 33486								
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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 of the 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 of the 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 of the 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 of the 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 of the 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 of the 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 of the 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 of the 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 of the 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 of the true and that my signature shall have the same legal effect as if made under oa

SIGNATURE:

GUACES C. NAYEK 1-6-99
Date Date