PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059693

1. Corporation Name

DOCKS, DECKS & SEAWALLS, INC.

Principal Place	e of Business	Mailing Address			81 81158 18+18 8+114 1814A 1+11 1=21
180 CYPRESS (CLUB DR	180 CYPRESS CLUB DR			
STE #830		STE #830			
POMPANO BCH	FL 33060	POMPANO BCH FL 33060		DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualifed	
				08/02/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	ol ()	4. FEI Number	Applied For
21 359	9 (Sco Ylum Circle	26 3599 (sa	Plum Circle	65-0597912	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	₩ A	27		5. Certificate of Status Desired	Fee Required
Çity & Stat	e /	City & State	F 1	6. Election Campaign Financing	\$5.00 May Be
23 (DCON)	it (reek FL.	28 (sconut Creek,	1 L	Trust Fund Contribution	Added to Fees
ŽÍ _P ()	Country	Zip	Country	8. This corporation owes the current year	ntangible
24 330	ار کا ₂₅ کا ا	29 33063 3	∂ ,S,	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name	2022600	
RUZZANO, THOMAS				longs Nozumo	
180 CYPRESS CLUB DRIVE 82 Street Addre				ess (P.O. Box Number is Not Acceptable)	
#830				((2/0)	4 4 1 SP# 1 5
POM	PANO FL 33060				<u> </u>
			84 City	ut Creek F	L 85 Zip Code 3
14. Discurrent to the exprisions 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 accepting obligations of, Section 607.0505, Florida Statutes.					
l				419	199
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered gent signature required	when reinstating) DATE	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP :	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUZZANO, THOMAS		1.2 NAME		
STREET ADDRESS	180 CYPRESS CLUB DRIVE #8	30	1.3 STREET ADDRESS		
· ·	POMPANO BEACH FL 33060	-	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
	PEPTA, SCOTT		2.2 NAME		
NAME	7809 PANAMA STREET			~ , ,	ļ
STREET ADDRESS		,	2.3 STREET ADDRESS	•	
CITY-ST-ZIP	-MIRAMAR-FL 33023	□ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Criange ☐ Addition
NAME			1		
			3.2 NAME		
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS C/TY-ST-ZIP					
1		☐ OELETE	3.3 STREET ADDRESS		☐ Change ☐ Addition
C/TY-ST-ZIP		☐ OELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
C/TY-ST-ZIP		☐ OELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		() OELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ OELETE ☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		

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 of 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 the anadress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90178 016 ***150.00