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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061865

STREET ADDRESS

CITY-ST-ZIP

SIEPAT CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address		t thùinear liù câiàt mitri	48111 EBITI BBITI ##1	(8 8)194 II.841 IZ:10 E	
3047 NW 60TH ST FT LAUDERDALE FL 33309		P.O. BOX 5201 LIGHTHOUSE POINT FL 33074		DO NO	T WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qu	ualifed		
				08/10/1995			
Principal Place of Business		2a. Mailing Address		4. FEI Number		App	lied For
21		26		65-0600211			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Des	ired 🗌	\$8.75 A Fee Rec	
22 27 City & State 27 City			City & State				<u></u>
		<u> </u>	ny or State.		-6 Election Campaign Financing		
		Zip	Country	8. This corporation owes to		Intangible	
		29 30	0	Personal Property Tax.	_		□No
	9. Name and Address of Current	<u> </u>		10. Name and Address of	New Registere	d Agent	
			81 Name	DADA ANN CHADE			1
RESNICOFF, BARBARA S			82 Street Add	<u>BARA ANN SHORE</u> dress(P.O. Box Number is Not/ 1 NW 19 Street	Acceptable)		
1881 UNIVERSITY DRIVE				l NW 19 Street	, #103		
SUITE 206			83				
CORAL SPRINGS FL 33071		84 City	OCA DAMON	F	L 85 Zip C		
	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above named cor	OCA RATON	for the numose	of changing its	registered
-66-0-0-		E Florida Cuch change was outh		tion's board of directors. Thereby	v accept the app	pointment as rec	aistered {
agent. I ar	to the provisions of Sections 607,0502 egistered agent, or both, in the State of mamiliar with, and accept the obligat for the section of the sec	ions of, Section 607.0505, Florid	a Statutes. TaiAnn Shor	e	1/20/ DATE	199	
agent. I ar	m familiar with, and accept the obligat	L and title if applicable. (NOTE: Re	a Statutes.	e	1/20/ DATE	199	
agent. I ar	m remiliar with, and accept the obligate the obligate state of the obligate state of the obligate state of the obligate of the	L and title if applicable. (NOTE: Re	a Statutes. I Pan Shor- egistered Agent signature requir	red when reunstating)	1/20/ DATE	199	
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agent. 1 ar SIGNATURE	m femiliar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	ions of, Section 607.0505, Florid Land title if applicable. (NOTE: Re D DIRECTORS	a Statutes. 19 Ann Shor- egistored Agent signature required. 13. 1.1 TITLE	red when reunstating)	1/20/ DATE	99 AND DIRECTOR	RS IN 12
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agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS	Figure 1 (a) Signature, typed or printed name of registered agent OFFICERS AND P SIEBERT, WAYNE 18 SOUTH DRIVE KEY LARGO FL 33037	ions of, Section 607.0505, Florid Land title if applicable. (NOTE: Re D DIRECTORS	a Statutes. ra Ann Shor- egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reunstating)	1/20/ DATE	99 AND DIRECTOR	RS IN 12
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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 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:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90048 020 ***150.00