FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082011 (4)

FILED Feb 10 1998 8:00am Secretary of State

L.H. C	ONSTRUCTION, INC.				
Principal Piec	oe of Business	Mailing Address		{	OLANIA BEDIOD KINDU LINDU 1001
549 NE 199TH LANE 549 NE 199TH LANE N MIAMI BEACH FL 33179 NORTH MIAMI BEACH FUS US		3179 DO NOT WRITE IN THIS SPACE		PACE	
		•		3. Date Incorporated or Qualified	
				10/25/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0619936	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25	├ -	30		Yes No
= <u>:</u>	9. Name and Address of Cui			10. Name and Address of New Registered A	
CC			81 Name		3_
FEVER, LARRY					
			62 Street Addr	ress (P.O. Box Number is Not Acceptable)	
N	MIAMI BEACH FL 33179		83		
			85		
			84 City		85 Zip Code
				<u> </u>	<u> </u>
11. Pursuant Office or I	to the provisions of Sections 607. registered agent, or both, in the S	0502 and 607.1508, Florida Statutes tute of Florida. Such change was au	s, the above-named corp thorized by the corporat	poration submits this statement for the purpose of ction's board of directors. I hereby accept the appo	changing its registered intment as registered
agent. I a	am familiar with, and accept the of	bligations of, Section 607.0505, Flor	ida Statutes.	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE					
	Signature, typed or printed name of registerin		Registered Agent signature requir		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE	L	Change Addition
NAME	FEDER, LARRY		1.2 NAME		
STREET ADDRESS	549 NE 199TH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TIFLE		Change Addition
NAME	İ		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	ì		3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
	1				Ì
CITY-ST-ZIP	 	DELETE	3.4. CITY-ST-ZIP 4.1 Title		Change Addition
		_ bittelt		L	Onlings Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE	ļ	☐ DELETE	51 TITLE	L	Change Addition
NAME	İ		5.2 NAME		
STREET ADDRESS	ļ		5.3 STREET ADDRESS		Į
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE		☐ DELEJE	6.1 TITLE		Change Addition
NAME			6.2 NAME]
STREET ADDRESS	İ		6 3 STREET ADDRESS		Ì
CITY - ST - ZIP]		64 CITY-SI-7IP		

14. I hereby certify that the information supplied with this filing do indicated on this annual report or supplemental annual report officer or director of the corporation of the receiver or has no Block 12 or Block 13 if charged, of his an articular than the of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information libraria accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

305 9480022