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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

## DOCUMENT # P95000084451

### Secretary of State DIVISION OF CORPORATIONS

# Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90024 049 \*\*\*150.00

FOGART	y Builders, Inc.									
Principal Place	e of Business	Mailing Address				1	{	<b>     </b>	Till Block Rings I	Tital lift inst
371 SE 5TH STI		371 SE 5TH STREET								
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060							DO NOT HOU	E IN THIS	00405	
						<u> </u>	DO NOT WRIT	E IN THIS	SPACE	
							Date Incorporated or Qualifed			
6 D : 15	(	2a. Mailing Address					FEI Number		Anr	plied For
	lace of Business	<del></del>				1	65-0615985		_ <del>                                    </del>	t Applicable
Suite, Apt. :	# etc	26 Suite, Apt. #, etc.							\$8.75 A	
22	m, 010.	27				5.	Certificate of Status Desired		Fee Red	
City & State		City & State				6.	Election Campaign Financing		\$5.00	May Be
23		28				l	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry		8.	This corporation owes the curre	ent year Inta	ingible	_
24	25		30				Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		T -		10.	Name and Address of New R	egistered A	gent	
FOC	ADTY THOMAS W		i	81 1	Name			•		
	arty, thomas w se 5th street		Ī	82 8	Street Addre	ess (P	O. Box Number is Not Accepta	ble)		
	PANO BEACH FL 33060		-	83						
	,,,,,,,		ļ						T-1	
•					City			FL	85 Zip C	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was at	utnorizea	DV LITE	amed corpo e corporation	oration n's bo	n submits this statement for the pard of directors. I hereby accep	purpose of o t the appoir	changing its i itment as rec	registered gistered
agent, i ar	in familiar with, and accept the congr	audits di, dection dor.0303, i loi	ido Otato							
SIGNATURE					angture required	l when re	einstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ago	ant and title if applicable. (NOTE:	Registered		gnature required			DATE FICERS AN	D DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age			Agent sig	gnature required		einstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AI	ant and title if applicable. (NOTE:	Registered 13.	Agent sig	gnature required					
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AI DP FOGARTY, THOMAS W .	ant and title if applicable. (NOTE:	13. 1.1 T(T	Agent sig						
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI DP FOGARTY, THOMAS W . 371 SE 5TH ST.	ant and title if applicable. (NOTE:	13. 1.1 T(T 1.2 NA 1.3 ST(	Agent sig LE ME REET AD	XXRESS \					
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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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

W. FOGARTY MARCH 3, 1999 959-991-1172