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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000022321 DOCUMENT #

EAST COAST CONSTRUCTION MANAGEMENT/RESTORATION, INC.

Principal Place of Business 375 122ND STREET OCEAN Mailing Address

## **FILED** Jan 15 1998 8:00am Secretary of State



375 122ND STREET OCEAN MARATHON FL 33050 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/12/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0647889 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes ☐ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 85 11. Pursuant to the provisions 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPST Change DELETE 1.1 TITLE Addition TITLE BECK, BRUCE A 1.2 NAME CR2E034 NAME 375 122ND STREET OCEAN 1,3 STREET ADDRESS STREET ADDRESS MARATHON FL 33050 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 3.4, CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Сћапое 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE \_\_ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ed with th

14. Thereby certify that the information suppindicated on this annual report or supple officer or director of the corporation or Block 12 or Block 13 if changes of an a port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

SIGNATURE:

REQUIRED