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

PROFIT CORPORATION ANNUAL REPORT



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

## FILED May 06 1998 8:00am Secretary of State

|  | 1998 DIVISION OF CORPORATIONS                    |  |                       |                   | Secretary of State   |  |
|--|--|--|-----------------------|-------------------|--|--|
|  | MENT # P9600<br>CONSTRUCTION CORP.               | 00023006 (   | 5)                    |                   | 1 (CONCRET FOR TAXIO CENTO DAVIA CATO CATO ABOTE   | - 16 <b>416</b> 1010 <b>14</b> 20 <b>16</b> 216 <b>1</b> 317 1 <b>86</b> 1 |
| Original Disc  | - (D)  |  |                       |                   |  |  |
| Principal Place of Business Mailing Address                                      |  |  |                       |                   |  |  |
| 11459 NW 48TH CT. 11459 NW 48TH CT. CORAL SPRINGS FL 33076 CORAL SPRINGS FL 3307 |  |  |                       |                   |  |  |
|  |  |  |                       |                   | DO NOT WRITE IN THIS   | SPACE  |
|  |  |  |                       |                   | 3. Date Incorporated or Qualified 03/11/1996   |  |
| 2. Principal F   | Place of Business                                | 2a, Mailing Address  |                       |                   | 4. FEI Number  | Applied For  |
| 21   |  | 26   |                       |                   | 65-0651821   | Not Applicable   |
| Suite, Apt. #, etc.  |  | Suite, Apt #, etc.   |                       |                   | 5. Certificate of Status Desired   | \$8.75 Additional  |
| City & State   |  | City & State   |                       |                   |  | Fee Required   |
| 23   | ic.  | 28   |                       |                   | 6. Election Campaign Financing  Frust Fund Contribution  | \$5.00 May Be<br>Added to Fees   |
| Zip  |  |  | Count                 | lry               | 8. This corporation owes or has paid the cu  |  |
| 24   | 25   | 29   | 30                    |                   | Personal Property Tax due June 30.   | ☐ Yes X No   |
|  | 9. Name and Address of Curre                     | nt Registered Agent  |                       | 1 Name            | 10. Name and Address of New Registered   | Agent  |
|  | FALIK, JACK                                      |  | ٥                     | Name              |  |  |
| 11453 NW 48TH CT.<br>CORAL SPRINGS FL 33076                                      |  |  |                       | 2 Street Ad       | Idress (P.O. Box Number is Not Acceptable)   |  |
|  | SOURT OF FINANCE I E SOUTO                       |  | 8                     | 3                 |  | <u></u>  |
|  |  |  |                       | 4 City            |  | BE Zin Codo  |
|  |  |  |                       | ' '               | FL   |  |
| ottice or r  | <b>register</b> ed adent, or both, in the State  | ⊱ol Florida. Such change wa  | as authorized l       | by the corpor     | orporation submits this statement for the purpose or ration's board of directors. I hereby accept the ap | of changing its registered   |
| agent. I a   | am familiar with, and accept the oblig           | ations of, Section 607.0505,   | Florida Stalut        | es.               | card of directors. Frictory accept the ap  | politiment as registered   |
| SIGNATURE  | Signature typed or printed name of registered ap | ere at the discontinuous disco | IOTE: Registered A    | gard egyatura rea | quired when reinstaling) DATE  |  |
| 12.  | <del></del>                                      | ID DIRECTORS   | 13.                   | Ann a Bugurus 160 | ADDITIONS/CHANGES TO OFFICERS AN   | D DIRECTORS IN 12  |
| TITLE  | P  | DELETE   | 1.1 THILE             |                   |  | ☐ Change ☐ Addition  |
| NAME   | FALIK, JACK                                      |  | 1.2 NAMI              | E                 |  |  |
| STREET ADDRESS   | 11453 N.W. 48TH CT.                              |  | 13 STRE               | et address        |  |  |
| CITY-ST-ZIP  | CORAL SPRINGS FL 33076                           | DELETE   | 14 CITY               |                   |  |  |
| TITLE  |  | ☐ DETEI\$  | 2 1 1/fLE<br>2 2 NAME |                   |  | Change Addition  |
| STREET ADDRESS   |  |  |                       | E1 ADDRESS        |  |  |
| CITY-ST-ZIP  |  |  | 2.4 CITY              | 1                 |  |  |
| TITLE  |  | ☐ DELETE   | 3.1 TITLE             |                   |  | Change Addition  |
| NAME   |  |  | 3.2 NAME              | E                 |  |  |
| STREET ADDRESS   |  |  | 3.3 STREE             | ET ADDRESS        |  |  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE   | 3.4. CITY             |                   |  | Channe Hadding   |
| NAME   |  |  | 4.1 TITLE<br>4.2 NAM  |                   |  | L Change L Addition  |
| STREET ADDRESS   |  |  |                       | ET ADDRESS        |  |  |
| CITY-ST-ZIP  |  |  | 4.4 CITY-             |                   |  |  |
| TITLE  |  | DELETE   | 5.1 TITLE             |                   |  | Change Addition  |
| NAME   |  |  | 5.2 NAME              | <u>:</u>          |  |  |
| STREET ADDRESS   |  |  |                       | et address        |  | İ  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE   | 5.4 CITY-             |                   |  | Change Addition  |
| NAME   |  | □] NECESE  | 6.2 NAME              |                   |  | Change Addition  |
| STREET ADDRESS   |  |  |                       | ET ADDRESS        |  |  |
| CITY-ST-ZIP  |  |  | 6.4 CITY-             |                   |  |  |
|  | certify that the information supplied w          | ith this filing does not qualify   |                       |                   | in Section 119.07(3)(i), Florida Statutes. I further c   | ertify that the information  |

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 omnowered 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.

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Tal. 5000

TACK FALLY

4-27-98 954-244-6452