

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90128 002 ***150.00

DOCUMENT # P96000027903

1. Corporation Name
TARGET MASONRY, INC.



Principal Place of Business
810 NE 33RD STREET
POMPANO BEACH FL 33064

Mailing Address
810 NE 33RD STREET
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/25/1996

4. FEI Number
65-0649652

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 1151 NE 1st Ave
Suite, Apt. #, etc.

2a. Mailing Address
26 1151 NE 1st Ave
Suite, Apt. #, etc.

23 City & State
Pompano Beach

28 City & State
Pompano Beach

24 Zip 33060 25 Country Broward

29 Zip 33060 30 Country Broward

9. Name and Address of Current Registered Agent

HAVENS, SUSAN
810 NE 33RD STREET
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name SUSAN HAVENS
82 Street Address (P.O. Box Number is Not Acceptable)
1151 NE 1st Avenue
83
84 City Pompano Beach FL 85 Zip Code 33060

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 *Susan Havens*

(NOTE: Registered Agent signature required when reinstating)

4-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D HAVENS, SUSAN
STREET ADDRESS 810 NE 33RD STREET
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME SUSAN HAVENS
1.3 STREET ADDRESS 1151 NE 1st AVE
1.4 CITY-ST-ZIP Pompano Beach FL 33060

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D SHIRLEY VALLIERES
2.3 STREET ADDRESS 1151 N.E. 1st AVE.
2.4 CITY-ST-ZIP POMPANO BEACH, FL-33060

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: *Susan Havens*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

Daytime Phone #

CR2E034 (11/98)