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 Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90240 024 ***150.00

DOCU	MENT # P96000	028464				
1. Corporation	CONSTRUCTION CORP.					
7110071					H 11	
Dringing Diggs	o of Business	Mailing Address				
Principal Place	ST 7TH AVENUE	4860 NORTHEAST 7TH AVE	NUE 5 Any			
OAKLAND PARK	FL 33334	OAKLAND PARK FL 33334 .	3 Ans	DO NOT WRITE IN THIS SPACE		
1730	sw/ TEMA	· W	/ II	3. Date Incorporated or Qualifed		
Por	PONO BENCH FL	33060		04/01/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo		
21		26		65-0655271 Not Applic		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required		
City & Stat	<u> </u>	City & State		5 Flortion Campaign Financing \$5.00 May P		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	.	
24	25	<u> </u>	30	Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Agent		
JOS	EPH G FLOREA				<u></u>	
4860 NE 7TH AVE			82 Street Add	Address (P.O. Box Number is Not Acceptable)		
OAK	LAND PARK FL 33334		83			
			84 City	85 Zip Code		
			' '	FL `		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au	thorized by the corporal	rporation submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	d	
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating) OATE	-	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12 Addition	
TITLE	PSTD	☐ OELETE	1.1 TITLE	□ Citalige □ P	(GGIBOII	
NAME	Florea, Joseph G -4860 Northeast 7th Ave nu	E	1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	QAKLAND PARK FL 33334	L	1.4 CITY-ST-ZIP	Ponfano Bracy, FZ		
CITY-ST-ZIP	QUARTED I AITH I E 00001	☐ DELETE	2.1 TITLE	Change A	Addition	
NAME			2.2 NAME	- lo p	}	
STREET ADDRESS	him	_	2.3 STREET ADDRESS	10468 proch - Ez-		
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STREET ADDRESS			3.3 STREET ADDRESS			
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NAME		_	4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change A	Addition	
NAME			5.2 NAME	•	ļ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	54 CITY-ST-ZIP 6.1 TITLE	Change []	Addition	
TITLE		[] DELETE	6.2 NAME	· Gridinge r	.54411	
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			GA CITY ST. ZID			

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 changes, on on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: