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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 22 1998 8:00am Secretary of State

| 1990  |  |                                   |                     |   |  |   |
|---|--|-----------------------------------|---------------------|---|--|---|
| DOCUMENT # P9600033757 (1) COMPLETE YOUR CONCRETE, INC.   |  |                                   |                     | ·   |  | 101 MAN 1014 MAN 1014 ION               |
| Gulpalpat Bloo  | of Business                                      | _Mailing Address                  |                     |   |  | 190 JULI 1898 BIRL FOR FOR              |
|   |  |                                   | }                   |   | 1  |   |
| 4700 HIATUS RD 4700 HIATUS RD SUNRISE FL 33351 SUNRISE FL 33351   |  |                                   |                     |   |  |   |
| SUMMISC FL  | 30001  | SUMMISE TE 33331                  |                     |   | DO NOT WRITE IN THIS                                     | SPACE                                   |
| 1.  |  |                                   |                     |   | 3. Date Incorporated or Qualified 04/15/1996             |   |
| 2, Principal Place of Business 2a   |  | 2a. Mailing Address               | 2a. Mailing Address |   | 4. FEI Number  | Applied For                             |
| 21  |  | 26                                | 26                  |   | 65-066 1967  | Not Applicable                          |
| Suite, Apt. #, etc. Suite, Apt  |  |                                   | C.                  |   |  | \$8.75 Additional                       |
| 22  | 27   |                                   |                     | 5. Certificate of Status Desired            | Fee Required   |   |
| City & State  |  | City & State                      |                     | 6. Election Campaign Financing              | \$5.00 May Be  |   |
| 23  |  | 28                                | ]                   |   | Trust Fund Contribution                                  | Added to Fees                           |
| Zip   | Country  | Zip                               | Country             |   | 8. This corporation owes or has paid the cu              |   |
| 24  | 25   | 29                                | 30                  |   |  | Yes No                                  |
|   | 9. Name and Address of Curr                      |                                   | 1==1                |   | 10. Name and Address of New Registered                   | Agent                                   |
| HA  | NDO, DONALD G                                    |                                   | 61                  | Name  |  |   |
|   | O HIATUS RD                                      |                                   | 2 0                 | (D O B - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |  |   |
|   | NRISE FL 33351                                   |                                   | 82                  | Street Add                                  | dress (P.O. Box Number is Not Acceptable)                |   |
| CONTINUE 1 E 00001  |  |                                   |                     | 3   |  |   |
|   |  |                                   |                     |   |  |   |
|   |  |                                   | 84                  | City  | Fi   | 85 Zip Code                             |
| 44 Durayant   | a the provisions of Sections COZ O               | E00 and C07 1E00 Florida State    | itaa tha abai       | 10 000000000000000000000000000000000000     |  | - I - I - I - I - I - I - I - I - I - I |
| 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 report of the 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 reg |  |                                   |                     |   |  |   |
| agent. La   | m familiar with, and accept the obl              | ligations of, Section 607.0505, I | Florida Statute     | es.   | , , .  |   |
| SIGNATURE   |  |                                   |                     |   |  |   |
| - 45  | Signature, typed or printed name of registered a |                                   |                     | gent signature requ                         | ured when reinstaling) DATE                              | - DIDEOTO - DIVINO                      |
| 12.<br>TILE   | OFFICERS AND DIRECTORS                           |                                   | 13,                 |   | ADDITIONS/CHANGES TO OFFICERS AN                         | Change Addition                         |
| 1   | HANDO, DONALD G                                  | ☐ DELETE                          | 1.1 TITLE           |   |  | C Cusude T Withingt                     |
| NAME  |  |                                   | 1.2 NAME            | 1   |  | 1                                       |
| STREET ADDRESS  | 4700 HIATUS RD                                   |                                   | 1.3 STREE           | T ADDRESS                                   |  | I                                       |
| CITY-ST-ZIP   | SUNRISE FL 33351                                 |                                   | 1.4 CITY-ST-ZIP     |   |  |   |
| TITLE   | 0  | ☐ DELETE                          | 2 1 THLE            |   |  | ☐ Change ☐ Addition                     |
| MAME  | MYERS, CHRIS                                     |                                   | 2.2 NAME            |   |  |   |
| STREET ADDRESS  | 4700 HIATUS RD                                   | 2.3 STREE                         |                     | T ADDRESS                                   |  |   |
| CITY-ST-ZIP   | SUNRISE FL 33351                                 | 2. 4 CITY-ST-ZIP                  |                     | - ST- ZIP                                   |  |   |
| TITLE   | ☐ DELETE   |                                   | 3.1 TITLE           | ļ   |  | Change Addition                         |
| NAME  |  |                                   | 3.2 NAME            | 1   |  |   |
| STREET ADDRESS  |  |                                   | 3.3 STREE           | 1 ADDRESS                                   |  |   |
| CITY-ST-ZIP   | <u> </u>   |                                   | 3.4. CITY           | · ST · ZIP                                  | ·  |   |
| TITLE   | ☐ DELETE   |                                   | 41 THILE            | T-  |  | Change Addition                         |
| NAME  | 4.2  |                                   | 4. 2 NAMI           | ŧ l   |  |   |
| STREET ADDRESS  |  |                                   | 4.3 STREE           | T ADDRESS                                   |  |   |
| CITY-ST-ZIP   |  |                                   | 4.4 CITY-           | ST-ZIP                                      |  |   |
| TITLE   |  | DELETE                            | 5.1 TITLE           |   |  | ☐ Change ☐ Addition                     |
| NAME  |  |                                   | 5.2 NAME            | 1   | ,  |   |
| STREET ADDRESS  | 1  |                                   | 1                   | T ADDRESS                                   |  |   |
| CITY-ST-ZIP   |  |                                   | 5.5 CITY-           |   |  | }                                       |
| TITLE   | DELETE   |                                   | 6.1 TITLE           | O, -EII                                     |  | Change Addition                         |
| NAME  |  |                                   | 6.2 NAME            |   |  | —                                       |
| 1   |  |                                   |                     | 1   |  |   |
| STREET ADDRESS  |  |                                   |                     | T ADDRESS                                   |  | Ì                                       |
| CITY-ST-ZIP   | editu that the information curvited              | with this filing door not qualify | 6.4 CITY-           |   | n Section 119.07(3)(i), Florida Statutes. I further o    | partify that the information            |
| THE THEIR DY C  | осыну втак инститиченация бирривен               | morning outs not quality          | IOL THE EYELL       | paya stated if                              | n accinent i rator (a)(i), i nonua atatutes. I suntner c | reiniy martine illiornation             |

14. Thereby 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 trusted 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.

SIGNATURE:

Med Soft

DONALD G. HANDO 4-17-98