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

DOCUMENT # P9600034546

Country

PEREZ CONSTRUCTION INC.

Principal Place of Business 1004 WINDBROOK DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

DELTON A FL 32725

Mailing Address

1004 WINDBROOK DRIVE **DELTON A FL 32725**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

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Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90055 003 ***150.00



Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

Added to Fees

□No

25	29	30			Personal Property Tax.		☐ Yes	UNo	_
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent							
PEREZ, JEANNETTE 1004 WINDBROOK DRIVE			81	Name					
			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			_
DELTON A FL 32725			83		·				
			84	City			85 Zi	ip Code	_

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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e (NOTE: Re	gistered Agent signature requir	red when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition		
NAME	PEREZ, BENITO J		1.2 NAME				
STREET ADDRESS	100 (100 (100 0 0 0 0 0 0 0 0 0 0 0 0		1.3 STREET ADDRESS				
CITY-ST-ZIP	DELTONA FL		14 CITY-ST-ZIP				
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition		
NAME	PEREZ, JEANETTE		2.2 NAME				
STREET ADDRESS	****************		2.3 STREET ADDRESS				
CITY-ST-ZIP	DELTONA FL		2. 4 CITY- ST- ZIP				
TITLE		DELETE	3.1 TITLE	Change	☐ Addition		
NAME			3 2 NAME	•			
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change	☐ Addition		
NAME			5.2 NAMË				
STREET ADDRESS	}		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZiP				
TITLE		☐ DELETE	6.1 TITLE	Change	☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			0.4.0(T)/.OT 7(D				

14. I hereby certify that the information supplied with this filling 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: