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 # **P96000048793**1. Corporation Name

QUEEN ANNE'S CONCRETE MACHINE CORPORATION

Princip	al Place	of Bus	iness		
550 SO	OCEAN	DRIVE	UNIT	2202	Ċ

Mailing Address

550 SO OCEAN DRIVE UNIT 2202

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90003 019 ***150.00



BOCA RATON	FL 33432	BOCA RATON FL 33432			DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
			06/05/1996				
2. Principal Place of Business 2a. Mailing Address			_	4. FEI Number	Ap	oplied For	
26				65-0671193	. No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional	
22 27				3. Contracte of States Section 1	Fee Re	equired	
City & Stat	ie.	City & State			6. Election Campaign Financing		May Be
23		28	<u> </u>		Trust Fund Contribution		to Fees
Zip	Country	├ ┐ `	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.		
24 25 29 3 9. Name and Address of Current Registered Agent		[30]		10. Name and Address of New Registered Agent			
	9. Name and Address of Ouries	t Registored Agent		81 Name			
DEP	AOLA, JOSEPH	. 1991		20 01 11	description	· · · · · · · · · · · · · · · · · · ·	
550 SO OCEAN DRIVE UNIT 2202			82 Street Add	dress (P.O. Box Number is Not Acceptable)	ر. روفون دو د	, , , , , , , , , , , , , , , , , , , ,	
800	CA RATON FL 33432			83			564211311
			•			85 Zip	Code
				84 City	· F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the al	pove-named cor	rporation submits this statement for the purpose	of changing its	registered
Office or t	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was	authorized	by the corpora	tion's board of directors. I hereby accept the ap	pointment as re	egistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered	Agent signature requi	ired when reinstating) DATE		
12.		D DIRECTORS	13.	······································	ADDITIONS/CHANGES TO OFFICERS		
12.	D	D DIRECTORS	13. 1.1 Π	TLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
	D DEPAOLA, JOSEPH	☐ DELETE	1.1 TIT 1.2 NA	ME			
TITLE	D Depaola, Joseph 550 so ocean drive unit 2	☐ DELETE	1.1 TIT 1.2 NA 1.3 ST	ME REET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPAOLA, JOSEPH	☐ DELETE 202	1.1 TIT 1.2 NA 1.3 ST 1.4 CI	ME REET ADDRESS TY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Depaola, Joseph 550 so ocean drive unit 2	☐ DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT	ME REET ADDRESS IY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA	ME REET ADDRESS IY-ST-ZIP ILE		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST	ME REET ADDRESS IY-ST-ZIP ILE IME REET ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 261	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TIT 1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA 3.3 ST 3.4 ST 1.5 TIT	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	☐ DELETE 202	1.1 TIT 1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA 3.3 ST 3.4 ST 1.5 TIT	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 20 BOCA RATON FL 33432	DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP		☐ Change☐ Cha	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2: BOCA RATON FL 33432	DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP		☐ Change☐ Cha	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2: BOCA RATON FL 33432	DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CC 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.3 S	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE AME		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2: BOCA RATON FL 33432	DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT	ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE		☐ Change☐ Cha	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2: BOCA RATON FL 33432	DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CT 5.1 TIT 5.2 NA	ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2 BOCA RATON FL 33432	DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.3 ST 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.3	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2 BOCA RATON FL 33432	DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CT 5.1 TIT 5.2 NA 5.3 ST 5.4 CC 5.1 TIT 5.2 NA 5.3 ST 5.4 CC 5.5 ST 5.5	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2: BOCA RATON FL 33432	DELETE DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CT 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CC 4.1 TIT 4.2 NA 4.3 ST 4.4 CT 5.1 TIT 5.2 NA 5.3 ST 5.4 CC 6.1 TIT 5.2 NA 6.6 CT 6.1 TIT 5.4 CC 6.1 TIT 5.4 CC 6.1 TIT 5.5 CC 6.1 TIT 5.6 CC 6.1 TIT 5.6 CC 6.1 TIT 5.7 CC 6.1 TIT 6.1 TIT	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE		☐ Change ☐ Change ☐ Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPAOLA, JOSEPH 550 SO OCEAN DRIVE UNIT 2 BOCA RATON FL 33432	DELETE DELETE DELETE DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CC 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA 4.4 CI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA 6.2 NA 6.2 NA 6.2 NA 6.2 NA 6.2 NA 6.3 ST 6.4 CI TIT 6.2 NA 6.2 NA 6.3 ST 6.4 CI TIT 6.2 NA 6.2 NA 6.4 CI TIT 6.	ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE ME REET ADDRESS TTY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition Addition

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.

954-426-2177