

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>M + J Technologies Construction, Inc.</i> <i>P96000060268</i>			
Principal Place of Business <i>541 SW 15th Street</i> <i>Boca Raton, FL 33432</i>		Mailing Address <i>541 SW 15th St.</i> <i>Boca Raton, FL 33432</i>	
2. Principal Place of Business 21 <i>Same</i> Suite, Apt. #, etc. 22 City & State 23 <i>Boca Raton, FL</i> Zip 24 <i>33432</i>		2a. Mailing Address 26 <i>541 SW 15th St.</i> Suite, Apt. #, etc. 27 City & State 28 <i>Boca Raton, FL</i> Zip 29 <i>33432</i>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent 81 Name <i>John M. Kaiser</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>541 SW 15th St.</i> 83 <i>Boca Raton,</i> 84 City <i>FL</i> 85 Zip Code <i>33432</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 registered office of 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 <i>John M. Kaiser</i> DATE <i>4/28/98</i>			
12. OFFICERS AND DIRECTORS TITLE <i>President</i> ☐ DELETE NAME <i>John M. Kaiser</i> STREET ADDRESS <i>131 NW 13th St. #36</i> CITY-ST-ZIP <i>Boca Raton, FL 33432</i> TITLE <i>Vice President</i> ☐ DELETE NAME <i>Denise M. Kaiser</i> STREET ADDRESS <i>131 NW 13th St. #36</i> CITY-ST-ZIP <i>Boca Raton, FL 33432</i> 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 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 119.041, Florida Statutes. I further certify that the information indicated on this annual report or consolidated 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 resident 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 in an attachment with an address. SIGNATURE: <i>John M. Kaiser</i> DATE: <i>4/28/98</i> 561-362-9100			

CR2E034 (10/97)