

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 APR 27 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061169 (4)

1. Corporation Name  
FRACTAL DESIGN AND CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

C/O WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVENUE, SUITE 2000  
MIAMI FL 33131

C/O WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVENUE, SUITE 2000  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 526 E. PARK AVENUE

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL

Zip

24 32301

Country

25 USA

2a. Mailing Address

26 526 E. PARK AVENUE

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip

29 32301

Country

30 USA

3. Date incorporated or Qualified

07/22/1996

4. FEI Number 65-0750724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.  
701 BRICKELL AVENUE  
SUITE 2000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

NATIONSCORP REGISTERED AGENTS, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

526 E. PARK AVENUE

83

84 City

TALLAHASSEE

FL

85 Zip Code

32301

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.

SIGNATURE

Ed Flores, President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/98

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME FLORES, SEVERIANO  
STREET ADDRESS BENRATHER STRASSE 6  
CITY-ST-ZIP D-40213 DUSSELDORF GERMANY

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  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 119.07(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.

CR2E034 (10/97)