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

Mailing Address 0054 ALEODE OIDOLE

-- PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Business



DOCUMENT # P96000079962

CORE CONSTRUCTION GROUP, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90075 032 ***150.00

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ORLANDO FL 3	6 ORLANDO FL 32836		DO NOT WRITE IN THIS SPA	ACE				
US		U\$	U\$ ~		3. Date Incorporated or Qualifed			
					1			
2 Deimeinel Di	and Business	2a. Mailing Address			09/25/1996 4. FEI Number	Applied For		
	ace of Business	26 Walling Address			59-3432629	Not Applicable		
21 Suite, Apt. i	# etc	Suite, Apt. #, etc.				8.75 Additional		
22		27			5. Certifcate of Status Desired	Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23	Country	28 7in	Cou	oto,				
Zip		— ·	Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	9. Name and Address of Curre	29 29 Agent	30 Personal Property Tax.					
	5. Name and Address of Cure	sit Registered Agent		81 Nam				
HAIDER, DILRUBA								
8654 ALEGRA CIRCLE			82 Street Address (P.O. Box Number is Not Acceptable)					
ORL	ANDO FL 32836			83				
				84 City	8	5 Zip Code		
				,	FL °	<u> </u>		
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a	utnorized	DV the co	ed corporation submits this statement for the purpose of chair reporation's board of directors. I hereby accept the appointment	nging its registered ent as registered		
SIGNATURE					re required when reinstating) DATE			
	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE AND DIRECTORS	: Registered	Agent signatul	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12		
12.		DELETE	1.1 TF			Change Addition		
TITLE NAME	d Haider, dilruba		1.2 N					
STREET ADDRESS	8654 ALEGRA CIRCLE			REET ADDRES	as .	}		
CITY-ST-ZIP	ORLANDO FL 32836			TY-ST-ZIP				
TITLE	ONE-ANDO TE OZOGO	☐ DELETE	2.1 TF			Change		
NAME			2.2 N	AMÉ				
STREET ADDRESS			2.3 81	REET ADDRES	28			
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP				
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NAME			3.2 N/	ME				
STREET ADDRESS			3.3 \$1	REET ADDRES	SS			
CITY-ST-ZIP			3.4. C	ITY-ST-ZIP				
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NAME			4. 2 N	AME				
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CITY-ST-ZIP				TY-ST-ZIP		Channe Madding		
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NAME			5 2 N/		20			
STREET ADDRESS				REET ADDRES	,			
CITY-ST-ZIP				TY-ST-ZIP	·	Change Addition		
TITLE		☐ DELETE	6.1 TI			Change		
NAME			6.2 N/					
STREET ADDRESS	•			REET ADDRES	58			
CITY-ST-ZIP			6.4 CI	TY-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, with all other like empowered.

SIGNATURE: