Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90028 015 \*\*\*150.00

## 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 # DOCOCOOCA94

<ol> <li>Corporation</li> </ol>	CONSTRUCTION, INC.	VO040 <del>4</del>							
Principal Place of Business		Mailing Address				DIIL BAILL BAILL	<u> </u>	H 18411 WINT 1881	
560 NIGHTINGALE DR. INDIALANTIC FL 32903 US		PO BOX 33393 INDIALANTIC FL 32903 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
A Data de al Di	(D	2a. Mailing Address	_			10/18/1996 4. FEI Number			pplied For
2. Principal Place of Business		26			59-3411427			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				r-1	\$8.75	Additional	
22		27			5. Certifcate of Status Desired		Fee R	equired	
City & State		City & State			6. Election Campaign Financing	' <u> </u>		May Be	
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Country	/		8. This corporation owes the cu	-	ngible □Yes	□No
24	9. Name and Address of Curren		30			Personal Property Tax.  10. Name and Address of New			
	9. Name and Address of Curren	it Registered Agent	81	Na	ıme	10. Hamo and Addiess of New	Regiotorea	<del>y</del> 0	
JACOBY, DAVID H				C.	ant Addre	ess (P.O. Box Number is Not Accep	toble)		
	ROBERT J. COLAN BLVD NE		02	82 Street Addre		ess (P.O. box Number is Not Accep	lavie)		
SUITE 100			83	1					
PALM BAY FL 32905			84	Cit	hv	•		85 Zip	Code
				-	•		<u>FL</u>	'	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	the o	corporatio	on's board of directors. I hereby acco	ept the appoint	ment as re	egistered
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I ID DIRECTORS	Registered Age	nt signa	ature required	d when reinstating) ADDITIONS/CHANGES TO O	DATE FEICERS AND	DIRECTO	ORS IN 12
TITLE	DPTS	DELETE	1,1 TITLE			ADDITIONOLOURING ED TO G	THOUNG THE	Change	
NAME	ZAKERI, MOHSEN M		1.2 NAME						
STREET ADDRESS	560 NIGHTINGALE DR		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP	IDIATLANTIC FL 32903		1.4 CITY-S	1.4 CITY-ST-ZIP		•			
TITLE		☐ DELETE 2.1				·		☐ Change	☐ Addition
NAME			2.2 NAME	2.2 NAME					
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP	El printe			2.4 CITY-ST-ZIP				Change	☐ Addition
TITLE	☐ DELETE		3.1 TITLE					☐ Change	
NAME			3.2 NAME	T 400F					
STREET ADDRESS			3.3 STREE		(E22)				
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP				Change	Addition
NAME			4. 2 NAME					-	
STREET ADDRESS			4.3 STREE		RESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE						☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		RESS		*		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		1			☐ Change	☐ Addition

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS