1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000096190

SHOWTIME CONSTRUCTION, INC.					. (40)(40) (70) (8)(4 6)(4 06)(1 06)(1 08)(1 FB()) 06	ing cance disented is	tosti dali todi
Principal Place of Business Mailing Address					† INBIINDI 110 YOJIO DIJIY DOLIJ OBIJI BOJI BO		(86) 880 (88)
3305 NW 64 ST 3305 NW 64 ST							
FT_LAUDERDALE_FL_33309 US FT_LAUDERDALE_FL_33309 US					DO NOT WRITE IN THIS SPACE		
US .		US			3. Date Incorporated or Qualifed		
					11/25/1996		
-2.~Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21	417	26			65-0713493		t Applicable
∹≂্Suite,•Apt-	#, etc.	Suite, Apt. #, etc.		<del></del>	5. Certificate of Status Desired	\$8:75 A	
22		City & State	City & State		a Si di Caraina Sinancia		·
City & Stat	е	28		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Countr	v	8. This corporation owes the current year		
24	25	29 30	- '	•	Personal Property Tax.		□No
24	9. Name and Address of Current		·		10. Name and Address of New Register	ed Agent	
			81	Name			
PATE, DAVID O				2 Street /	Address (P.O. Box Number is Not Acceptable)		
1133 NW 46 AVE			_ ا	000.7	talioso (i .o. cox taliine i .e. cox		
LAUDERHILL FL 33313			83	3			-
			84	1 City		. 85 Zip (	Code
						'L	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was auth	ionzed ni	r the corbo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap-	pointment as re	gistered
SIGNATURE					equired when reinstation) DATE		\
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONAL ACCESS TO SELECTION OF THE PROPERTY	Change	Addition
NAME			1.2 NAME		و		1
STREET ADDRESS	·			ET ADDRESS	2222 N. CHARESS BEND	Dr. #tc	) l
CITY-ST-ZIP	1		1.4 CITY-		POMPANO BEACH, FL.	33069	ļ
TITLE			2.1 TITLE	<u> </u>	, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Change	Addition
NAME	LASHBROOK, DAVID A		2.2 NAME	:			
STREET ADDRESS	3305 NW 64TH ST		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	COOT : LUCEDO LE EL COCCO		2. 4 CITY-	·ST-ZIP			-
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME		•		
STREET ADDRESS			3.3 STREE	ET ADDRESS		•	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		<del>-</del>	
TITLE		DELETE 4.1 TI				Change	Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS			1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition \
NAME			5.2 NAME		,	•	Í
STREET ADDRESS				ET ADDRESS			
CITY OT THE			5.4 CITY-	ST-ZIP			ł

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 toustee 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

MAR. 10, 1999

☐ Addition

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90114 050 \*\*\*150.00