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PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State **DIVISION OF CORPORATIONS**

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State 02-21-1999 90051 041 ***158.75

FILED Feb 21, 1999 8:00 am

DOCUMENT # P96000099655 1. Corporation Name

ALPINE CONSTRUCTION MANAGEMENT CORP.

A ERBKIRBE IIB KOTE DÜRIK BEKIR ODERL BEKIR DÖTEN LUİNE TEKIR BIRDI. ÖTERL BIRK TÜCEL

Principal Plac									
1 '	ce of Business	Mailing Address			1 1801/1001 1(0 1011)			#11 8 1 8 14 (88)	
14214 SW 53RI	D ST	14214 SW 53RD ST				•			
300 300 MIAMI FL 33175 MIAMI FL 33175					DC	DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			١.
					12/10/1996				
2. Principal P	Place of Business	2a. Mailing Address	•		4. FEI Number		Ap	plied For	
21 62(02 S.N 408+	26			65-0718054		No	t Applicable	
Suite, Apt.	# etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired D	\$8.75 / Fee Re		
City & Star	ami FL	City & State			Election Campaign Trust Fund Contribu	-	\$5.00 Added	•	
Zip	Country	Zip	Cou	ntry	8. This corporation ow	es the current year In	tangible		
24 33	155 25 Dage	_ 29 <u> </u>	30		Personal Property	Гах.	☐ Yes	□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Addres	s of New Registered	Agent		
DE (ADMAC I A			81 Name					
	ARMAS, J A			82 Street	Address (P.O. Box Number is I	Not Acceptable)			İ
1	university drive Val gables fl 33134						•		
CON	IAL GABLES PL 33134			83					
				84 City	·	FL	- (`	Code	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was a	uthorized	I by the corp	corporation submits this statem oration's board of directors. I he	nent for the purpose o ereby accept the appo	f changing its intment as re	registered gistered	
SIGNATURE	•								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature	required when reinstating)	DATE			∽
12.	OFFICERS AN								
	T	ID DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS A			8
TITLE	T	DELETE	13. 1.1 TIT	πE	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTO	RS IN 12 ☐ Addition	(11/98)
TITLE NAME	T Brown, Hugh P		1.1 TIT	TLE WE	ADDITIONS/CHANG	ES TO OFFICERS A			
	T Brown, Hugh P 14214 SW 53RD ST		1.1 TIT . 1.2 NA		ADDITIONS/CHANG	ES TO OFFICERS A			
NAME STREET ADDRESS CITY-ST-ZIP	T Brown, Hugh P 14214 SW 53RD ST Miami Fl 33175	☐ DELETE	1.1 TIT 1.2 NA 1.3 ST 1.4 CD	ME REET ADDRESS TY-ST-ZIP		ES TO OFFICERS A	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	T BROWN, HUGH P 14214 SW 53RD ST MIAMI FL 33175 P		1.1 TIT 1.2 NA 1.3 ST 1.4 CR 2.1 TIT	WE REET ADDRESS TY-ST-ZIP ILE	additions/chang	ES TO OFFICERS A			
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14. Thereby 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP