Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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 # P97000007831

City & State

Zip

24

BILD MORE CONSTRUCTION	i, INC-	•
Principal Place of Business	Mailing Address	
178 SE 2ND AVENUE POMPANO BEACH FL 33060	178 SE 2ND AVENUE POMPANO BEACH FL 33080	
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

28 Zip

25 29 9. Name and Address of Current Registered Agent DIRECTOR/PRESIDENT

Country

GRODY, ROBERT M 178 SE 2ND AVENUE POMPANO BEACH FL 33060

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90196 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

01/21/1997 4. FEI Number

65-0740518

			84 City		FL	Code		
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE								
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OF				
TITLE	D /PRESIDENT	☐ DELETE	1.1 TITLE		Change	Addition		
NAME	GRODY, ROBERT M		1.2 NAME			1		
STREET ADDRESS	178 SE 2ND AVENUE		1.3 STREET ADDRESS			.*		
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP					
TITLE	SECRETARY	☐ DELETE	2.1 TITLE	SECRETARY	☐ Change	☐ Addition		
NAME	SUSAN B. GRODY		2.2 NAME	SUSAN B. GRODY		İ		
STREET ADDRESS	178 S. E. 2nd Avenue		2.3 STREET ADDRESS	1	•	Į		
CITY-ST-ZIP	PompANO BEACH, FLORIDA	33060	2. 4 CITY-ST-ZIP	POMPANO BEACH, FLORID	A 33060	•		
TITLE	TOMPANO BIRCH, I LONEDII	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			34 CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition }		
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	1		·		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	51 TITLE		☐ Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	adiffy that the information supplied with this file	C - dd	6.4 CITY- ST-ZIP	d in Section 110 07/2//// Elorido Statutos	I further cortifu that the	information		

Country

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I nereby 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 true expression of the receiver or true expression and that my name appears in Block 12 or Block 13 if changed, or on an attachment you addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR