Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90054 037 \*\*\*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 # P97000016963

1. Corporation Name

CAMARDA BUILDERS, INC.

OT WITH IT	,, <b>50,000</b> ,, ,, ,, ,				
Principal Place	e of Business	Mailing Address			11 11 <b>010</b> 0 110 1011 0 110 1111 100 1111
405 S, RIVERSIDE DRIVE		405 S. RIVERSIDE DRIVE			
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062			DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed	3 31 402
				02/24/1997	
4 5		2a. Mailing Address		4. FEI Number	Applied For
<b>-</b> '	lace of Business	$\vdash$	Aur	65-0730407	Not Applicable
21 Suite Apt	# oto	26 3061 NW 7	MYE	_	\$8.75 Additional
Suite, Apt.	#, <del>0</del> 16.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		— ^ ` ´D	ex, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25	29 33309 30	USA	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
			81 Name		
SHORE, BARBARA ANN			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1881 UNIVERSITY DRIVE			0.0007.000		
SUITE 206			83		
COR	AL SPRINGS FL 33071		84 City		85 Zip Code
•				F	<b>L</b>
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 auth	orized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	gistered Agent signature require		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition }
NAME	Camarda, Frank		1.2 NAME		
STREET ADDRESS	405 S. RIVERSIDE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE ·	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMARDA, DOMENIC		2.2 NAME		
STREET ADDRESS	564 N.W. 54TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

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** 

STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP