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CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000029038 (1)

C.T.P. CONSTRUCTION INC. Principal Place of Business Mailing Address 40 BARBADOS BLVD 40 BARBADOS BLVD DAMA FL 33004 DANIA FL 33004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/01/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Ziρ Country Country Zip 8. This corporation owes or has paid the current year Intargible Personal Property Tax due June 30. Yes No 24 29 30 Personal Property Tax due June 30. 25 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent Name PAUZE, ANDRE 40 BARBADOS BLVD Street Address (P.O. Box Number is Not Acceptable) **DANIA FL 33004** City Zip 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 agriff and lifte if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE PAUZE, ANDRE 12 NAME NAME 40 BARBADOS BLVD STREET ADDRESS 1.3 STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE ■ Addition TITLE NAME 4 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 prachment with garacters.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP TITLE

NAME

TITLE

NAME

1110

DELETE

DELETE

4-23-98 954-929-0200

Change

Change

☐ Addition

Addition

FILED

Apr 30 1998 8:00am

Secretary of State