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 # P97000029485

1. Corporation Name

POTTER MASONRY, INC.

Dringing Place of Busin

Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90077 048 ***150.00



Fillicipal Flac	e OI Cosiliess	Mailing Address				
4040 N.E. 12TH		4040 N.E. 12TH AVENUE				
POMPANO BEA	ACH FL 33064	POMPANO BEACH FL 33064		20 4107 1410177 141 71110 05		
				DO NOT WRITE IN THIS SE	ACE	
				3. Date Incorporated or Qualifed		
				04/01/1997	1-1-	
	lace of Business	2a. Mailing Address	5 N 0	4. FEI Number	1	plied For
21 4046	0 N.E. 12 Aue		ZAUR	65-0744052		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	الممح	5. Certifcate of Status Desired	\$8.75	
22 YOU	rano Deach	27 You 1940 P	Deach		Fee Re	
City & Stat	. 1	City & State		6. Election Campaign Financing	\$5.00	' '
23 5 6	102190	28		Trust Fund Contribution	Added t	o Fees
Zip 33 (Country C		de Du	8. This corporation owes the current year Intang		
24 22	25 USD		<u>u , u , u , u , u , u , u , u , u , u ,</u>		Yes	□No
	9. Name and Address of Current	Registered Agent	04 Nome	10. Name and Address of New Registered Ag	ent	
₽∩T	TER, DAVID		81 Name	•		
			82 Street Address (P.O. Box Number is Not Acceptable)			
4040 N.E. 12TH AVENUE						
PUN	MPANO BEACH FL 33064		83			
			84 City		85 Zip (
				FL (į,	Į
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes, the	above-named corp	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointn	anging its	registered
office or i	registered agent, or both, in the state of	Florida, Such change was authorize	ed by the corporati	ion's board of directors. I hereby accept the appoint	nent as re	gistered
		ions of Section 607.0005, Florida Ga	autes.	2/22/	00	
SIGNATURE	Signature, typed or printed name or registered agent	t and the if applicable. (NOTE: Register	ed Agent signature require	ed when reinstating) DATE	7.7	———
12.	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PSD		TITLE		Change	Addition
NAME	POTTER, DAVID	12	NAME			ļ
STREET ADDRESS	4040 N.E. 12TH AVENUE		STREET ADDRESS			}
	POMPANO BEACH FL 33064		CITY-ST-ZIP			Ì
CITY-ST-ZIP	TOWN SALE SECTION OF SALES		TITLE		Change	Addition
			NAME	_		_ \
NAME			STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP		Change	Addition
TITLE .			TITLE	L	_ orange	
NAME			NAME	in the second se		
STREET ADDRESS		3.3	STREET ADDRESS			
CITY-ST-ZIP			. CITY-ST-ZIP		70-	
TITLE		☐ DELETE 4.1	TITLE	L	_ Change	☐ Addition
NAME		4. 2	NAME	•		
STREET ADDRESS		43	STREET ADDRESS			
CITY-\$T-ZIP		4.4	CITY-ST-ZIP			
TITLE		DELETE 5.1	TITLE		Change	Addition
NAME	Į.					
STREET ADDRESS		5.2	NAME			1
J. I. M. L. I. P. DOT ILLOC			NAME STREET ADDRESS			
CITY OT 78D		5.3				
CITY-ST-ZIP		5.3 5.4	STREET ADDRESS	Г		Addition
TITLE		53 54 DELETE 6.1	STREET ADDRESS CITY-ST-ZIP	Ε	Change	Addition
TITLE NAME		53 5.4 DELETE 6.1 6.2	STREET ADDRESS CITY-ST-ZIP TITLE NAME		Change	☐ Addition
TITLE		53 5.4 DELETE 6.1 6.2 6.3	STREET ADDRESS CITY-ST-ZIP TITLE	_	Change	☐ Addition

14. I hereby certify that the information supplied with this filling 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 truster 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 open attachment with an appears, with all other like empowered.

SIGNATURE: