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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031290 (4)

DORMINEY CONSTRUCTION CORPORATION

FILED Jan 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3238 CAPRI ROAD 3238 CAPRI ROAD PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0743135 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DORMINEY, NORMAN 3238 CAPRI ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33410 63 84 City 85 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 preced name of regulered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESIDENT DELETE 1.1 1016 Change Addition TITLE HORMAN DORMWRY NAME 12 NAME BABB CAPAT ROAD 1.3 STREET ADDRESS STREET ADDRESS PALM BRACH GARDIEUS, FI 33410 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TO LE Change TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3 4. C/TY-ST-7IP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- 2IP DELETE Change Addition 5.1 TOLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP CITY-ST-ZIP DELFTE 6.1 TIFLE Change Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHTY-S1-7IP

14. Thereby certify that the information supplied with this diing 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 angual 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 receipt or trustee employeed 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 algorithm with an address.

1-8-00

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