FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

P97000035536 (6)

DOCUMENT # 1. Corporation Name BOURKE & MATTHEWS CONSTRUCTION CO. OF FLORIDA, I

FILED May 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								1							
625 N FLAGLER DRIVE. 9TH FLOOR 625 N FLAGLER DRIVE. 9TH FLOOR								ł							
WEST PALM	BEACH FL 3	3401		WEST PALM BEACH FL	33401					DO NOT WI	RITE IN THIS	SPACE			
ı I								2	Date Incor	porated or Qualifi		OI AOL			
								"	04/21/1	·	00				
2. Principal Place of Business 2a. Mailing Address								4	FEI Numb				Applied For		
21 1780 CLAIRE AVE 26 P.O. Box								"	65-0	_ 1			Not Applicable		
Suite, Apt.				Stille, Ant #. etc.					0.3-0	10/15-1			5 Additional		
22				27				5	. Certificate	of Status Desired		Fee	Required		
	JALM B		FL	City & State 28 PACM HONCH F-L			6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
— ^{Zip} ე ექ	e)	Country	F A	29 33480-3326	L Cor		SA	8. This corporation owes or has paid the current year Intang							
24 33401 25 USA 29 33460-3326 30								Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent							
4/45			s of Current	i Hegisterea Agent		81	Name), Name and	AGGIESS OF NEW	Hegistered	Agent			
KATZ, MARTIN V								Or Name							
625 N FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH FL 33401								82 Street Address (P.O. Box Number is Not Acceptable)							
						83	Į								
						84	City					85 Zi	p Code		
											FL				
11. Pursuant t	to the provis	sions of Section	ns 607.0502	P and 607,1508, Florida Statu of Florida, Such change was	tes, the a	bove	e-named	corporation's	on submits t	his statement for t	he purpose o	of changing	g its registered		
agent. Lar	m fa miliar w	ith, and acce	at the obliga	tions of, Section 607.0505, F	lorida Sta	tutes	y ine cont S.	porations	DOMO OF OF	ectors. Thereby a	ccebi iiie api	ропинени	as registered		
SIGNATURE															
Signature typed or printed name of trigodined agent and file if applicable (NOTE Registered								<u>'</u>			DATE				
12.		OF I	ICERS AND	DIRECTORS	13.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS	CHANGES TO O	FFICERS AN				
TITLE	D	- #5555		☐ DELETE	1.1 T	TLE		1				1 Chang	e 🔲 Addition		
COS N. CLAOLED DONE OTH ELOOD							1.2 NAME								
STREET ADDRESS	1.3 S	1.3 STREET ADD		,											
CITY-ST-ZIP		PALM BEAC	H FL 3340		1.4 C	TY-S	ST-ZIP	<u> </u>		<u></u>					
TITLE	D			L DELETE	2.1 T	TLE	,].				Chang	e 🔲 Addition		
NAME		ews, Harvi			2.2 N	٩Mê				74					
STREET ADDRESS		FLAGLER DF			2.3 \$	IREET	ADDRESS								
CITY-ST-ZIP	WEST F	PALM BEAC	H FL 3340°	1	2 4 0	ITY-S	ST-ZIP	<u> </u>	35.						
TITLE				☐ DELETE	3 1 T	TLE						Chang	e 🔲 Addition		
NAME					3.2 N	AME		İ							
STREET ADDRESS					3.3 S	REET	ADDRESS								
CITY-ST-ZIP					3.4. 0	ITY- S	ST-ZIP								
TITLE				DELETE	4.1 11	TLE						Chang	e 🔲 Addition		
NAME					4.21	AME	j								
STREET ADDRESS					4.3 S	IREET	ADDRESS								
CITY-ST-ZIP					4.4 C	TY-S	ST-ZIP								
TITLE				☐ DELETE	5.1 Ti			T				Chang	e Addition		
NAME					52 N	AME									
STREET ADDRESS					5.3 S	REET	ADDRESS								
CITY-ST-ZIP							ST-ZIP								
TITLE				DELETE	5.1 TI							Chang	e L Addition		
NAME					6.2 N	ME						•			
STREET ADDRESS							ADDRESS								
CITY-ST-ZIP							ST-ZIP								
14. I hereby c	ertify that th	e information	supplied wil	h this filing does not qualify t	or the exe	ame	tion state	ed in Secti	ion 119.07(3)(i), Florids Statute	s. I further o	ertify that t	he information		
officer or o	director of th	NO COMPORATION	or the recei	annual report is true and ac iver or trustee empowered to	curate an execute :	d thi this	at my sig report as	gnature sha s required	all have the by Chapter	same In lat effect. 607 Lida Statu	as if made ur tes: and that	nder oath; my name a	that I am an appears in		
Block 12 c	or Block 13	if changes, or	on an attac	tyricint with an address.	22010		. >- 411 40	044.00	_, _, upio		1	,,			